

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
Field Office - NATIONAL CAPITAL REGION
389 San Rafael St., corner Legarda, Sampaloc, Manila, Philippines

2ND QUARTER ACCOMPLISHMENT REPORT
FY 2019

Objective/ Program/ Sub-Program/ Performance Indicator	Physical Targets					Physical Accomplishments												Variance	Reasons for Variance	Disbursements				Steering Measures		
	Q1	Q2	Q3	Q4	Total	Q1			Q2			Q3			Q4					Total	Q1	Q2	Q3		Q4	Total
						M	F	T	M	F	T	M	F	T	M	F	T									
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	(23)	(24)	(25)		
ORGANIZATIONAL OUTCOME 1: WELLBEING OF POOR FAMILIES IMPROVED																										
Promotive Social Welfare Program																										
Outcome Indicators																										
1.1	Percentage of Pantawid households with improved wellbeing:	100% Pantawid Pamilya Households Assessed for the 1st round SWDI																								
	a. Survival to Subsistence																									
	b. Subsistence to Self-Sufficiency																									
	c. Survival to Self-Sufficiency																									
1.2	Percentage compliance of Pantawid Pamilya households on school enrollment of children	90.00% (356,637/399,596)	90.00% (376,819/418,688)			49.95% (175,906)	48.72% (167,131)	99.41% (343,037)	85.19% (356,702)																	
																									The field staff has already submitted update forms and other pertinent documents which still waiting for BDM approval. Case conferences were also conducted to address at risk cases.	
1.3	Percentage of Pantawid Pamilya children who returned to school	47.50% (18,781/39,540)	50.25% (40,960/81,513)			37.86% (14,972)	43.97% (17,385)	81.63% (32,357)	52.18% (42,536)																The field staff has already submitted update forms and other pertinent documents which still waiting for BDM approval. Case conferences were also conducted to address at risk cases.	
1.4	Percentage compliance of Pantawid Pamilya households on availment of health services	90.00% (9,531/10,591)	90.00% (10,701/11,890)			49.80% (5,274)	46.51% (4,926)	96.31% (10,200)	98.23% (11,680)																The field staff provided intervention for the resolution of the encountered reasons for non-compliance such as conduct of facility visit prioritizing the facilities with low compliance rate, and coordination meeting with Health Center Focal Persons to validate and address the concern and recommendation. The city links have already submitted necessary documents for processing of variance and still waiting for the approval of BDM.	
1.5	Percentage of Pantawid Pamilya households that availed key health services	26.00% (1,276/4,910)	26.00% (3,455/13,291)				70.45% (3,459)		90.59% (12,041)																The field staff provided intervention for the resolution of the encountered reasons for non-compliance such as conduct of facility visit prioritizing the facilities with low compliance rate, and coordination meeting with Health Center Focal Persons to validate and address the concern and recommendation. The city links have already submitted necessary documents for processing of variance and still waiting for the approval of BDM.	

1.6	Percentage of SLP households earning from microenterprises	-	15%	20%	15%	50.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%				0.00%	15% (152,995)	The two [2] monitoring PDO who are task to monitor the current status of served participants focused on the Final Assessment Report of CY 2015-2016 served program participants for submission to SLP-NPMO on June 30, 2019.							Status of Accomplishment of Final Assessment Report submitted to NPMO to request for possible additional monitoring PDO.															
1.7	Percentage of SLP households gainfully employed	-	15%	20%	15%	50.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%				0.00%	15% (152,146)																							
Output Indicators																																								
1.1	Number of Pantawid households provided with conditional cash grants:																																							
	a. Regular CCT	212,699	212,630				18,254	193,871	212,125	18,810	186,283	205,093				205,093	-7,537	The variance was due to the ongoing distribution of EMV card variances.	PHP 10,912,700.00	PHP 70,007.00					PHP 10,982,707.00	MRB has conducted coordination meeting with LBP Management has been conducted and the schedule for EMV distribution was schedule on the end of 1st quarter. While the city links have processed change grantee for LBP enrollment of partner members.														
	b. Modified CCT	3,320	3,298				226	2,574	2,800		2,631				2,631	-667	The variance was due to the ongoing distribution of EMV card variances, lost and perforated cash card.	PHP 462,000.00	PHP 84,800.00					PHP 546,800.00																
1.2	Percentage of Pantawid Family-related grievances resolved within established time protocol	85.50% (1,295/1,515)	86.25% (1,558/1,806)				87.66% (1,328)	3.56% (54)	91.22% (1,382)	77.52% (1,400)	4.54% (82)	82.06% (1,482)				86.23% (2,864)	33.21% (457)	The variance was due to the established protocol in solving grievance cases.								City Links together with the grievance coordinator is already fast tracking the submission of pertinent documents needed for each concern.														
1.3	Number of SLP households assisted through the Microenterprise Development Track	3,865				690	5,611												2,510	-32	1. The 1st quarter target are program participants under micro-enterprise development track conducted social preparation and organized in 2018. These were obligated on 2018 and have to disburse on 1st quarter of 2019. The variance of 32 were declined or no longer willing to have intervention from SLP due to different reasons like transfer of residence and deceased. 2. Second quarter focused on Preparation and approval of Participants' project proposal. To date a total of 902 program participants have project proposal for RDs approval	PHP 62,777,740.00	PHP 0.00			PHP 62,777,740.00	No disbursement for 2nd quarter yet due to on going process of documents for funding. But there is Php 2,798,000.00 obligated already. Fast tracking of document for SLP has to obligate the 2019 allotment until July 31, 2019.													
a. Pantawid	80																											2,430	2,510	0	0	0								
b. Non-Pantawid	218																											1,105	1,323	0	0	0						1,323		
1.4	Number of SLP households assisted through Employment Facilitation Track	6				690	5,611																																	
a. Pantawid	3																												0	3	0	0	0						6	0
b. Non-Pantawid	1																												2	3	0	0	0							

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	Q1	Q2	Q3	Q4	Total	Q1			Q2			Q3			Q4					Total	Q1	Q2	Q3		Q4	Total								
						M	F	T	M	F	T	M	F	T	M	F	T																	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)=(14)+(15)+(16)+(17)	(19)																
ORGANIZATIONAL OUTCOME 2: RIGHTS OF THE POOR AND THE VULNERABLE SECTORS PROMOTED AND PROTECTED																																		
Protective Social Welfare Program																																		
Residential and Non-Residential Care Sub-Program																																		
Outcome Indicator																																		
2.1 Percentage of clients in residential and non-residential care facilities rehabilitated.																																		
a. Residential Care Facilities																																		
a.1 RSCC	7.33% (11 clients)	14.00% (21 clients)	22.00% (33 clients)	30.00% (45 clients)	30.00% (45 clients)	45.98% (40 clients)	21.84% (19 clients)	67.82% (59 clients)	50.59% (43 clients)	28.40% (23 clients)	77.65% (66 clients)															77.65% (66 clients)	50.00% (45 clients)	Not all indicators in the rehab tool are met due to case management related and medical concerns which are beyond our control particularly on the occurrences or outbreak of diseases. Low utilization of funds as the approved project proposals were returned to the Center.	PHP 4,673,858.77	PHP 1,353,046.51			PHP 4,673,858.77	Rehabilitated clients has exceeded its 30% target because of client's developmental growth due to the interventions provided to them. Center initiated activities are successfully conducted with the resources of donors/partners. Target activities for the 1st Semester will be conducted in the 2nd Semester.
a.2 Haven for Children	7.50% (9 clients)	15.00% (18 clients)	22.50% (27 clients)	30.00% (36 clients)	30.00% (36 clients)	24.68% (19 clients)	0.00%	24.68% (19 clients)	13.41% (11 clients)	0.00%	13.41% (11 clients)															34.88% (30 clients)	13.95% (12 clients)	The center has exceeded the target for the quarter due to coordination of multi-disciplinary team in providing rehabilitative and therapeutic intervention to residents.	PHP 3,399,179.45	PHP 765,000.00			PHP 4,164,179.45	Continuous provision of therapeutic activities like sports, capotera angola, religious activities and workshop. Also, consistent stipulation of counseling and groupwork session, outdoor activities will be provided for an immediate reconciliation of residents's social functioning as preparation for either independent living or family reintegration. Also, application of time management skills on the part of social workers.
a.3 Nayon ng Kabataan	7.58% (22 clients)	15.16% (44 clients)	22.74% (66 clients)	30.00% (87 clients)	30.00% (87 clients)	10.88% (16 clients)	4.08% (6 clients)	14.97% (22 clients)	7.75% (11 clients)	7.75% (11 clients)	7.75% (11 clients)															26.51% (44 clients)	0.00% (0)	The variance may attribute to clientele category being served by the center, 45 children under protective custody or with special needs. Out of 142, 64 children or 45.07% of the client served cannot be mainstreamed to the community as per time bound case management due above consideration.	PHP 583,708.45	PHP 14,829,582.00			PHP 15,413,290.45	Conduct of mid year assessment on the physical target vis a vis to the actual serve/expenses. Implementation of the activities as per set schedule. Coordination with court & law enforcement agency to fast track hearing of Children with court cases. Coordination with other residential care facility for possible referral of children with special needs.
a.4 Haven for Women	7.50% (20 clients)	15.00% (40 clients)	22.50% (60 clients)	30.00% (80 clients)	30.00% (80 clients)	0.00%	23.81% (45 clients)	23.81% (45 clients)	0.00%	20.77% (43 clients)	20.77% (43 clients)															35.06% (88 clients)	19.12% (48 clients)	The center increased in the referral of trafficking, repatriated and homeless cases.	PHP 2,431,372.15	PHP 10,609,699.93			PHP 13,041,072.08	There is an increase in the rehabilitated cases due to the receipt of favorable assessment.
a.5 Marilac Hills	8.00% (20 clients)	16.00% (40 clients)	24.00% (60 clients)	32.00% (80 clients)	32.00% (80 clients)	0.00%	9.56% (24 clients)	9.56% (24 clients)	0.00%	8.14% (25 clients)	8.14% (25 clients)															14.76% (49 clients)	2.71% (9 clients)	Carry over cases has the biggest number of rehabilitation because they have been provided with different services that helped improved their functioning. Most of them are reunited with their respective families after completing court testimonies. For CICL cases, Court Order were secured for their discharge after they have shown positive response on their rehabilitation at the center.	PHP 6,663,470.66	PHP 6,674,627.33			PHP 13,338,097.99	Rehabilitated clients has exceeded its target because of client's positive response to the interventions provided to them. Skills training offered by TESDA has helped them greatly to become economically prepared after their stay in the center.
a.6 Elsie Gaches Village	1.27% (8 clients)	2.54% (16 clients)	3.80% (24 clients)	5.00% (31 clients)	5.00% (31 clients)	2.61% (16 clients)	1.96% (12 clients)	4.57% (28 clients)	0.33% (2 clients)	0.33% (2 clients)	0.65% (4 clients)															5.19% (32 clients)	2.61% (16 clients)	The center has exceeded its target for the quarter. The center to continuously maintained and monitor the rehabilitation process.	PHP 14,733,900.00	PHP 14,739,300.00			PHP 29,473,200.00	Sustain rehabilitation of clients.
a.7 Sanctuary Center	37.30% (97 clients)	38.46% (100 clients)	38.46% (100 clients)	38.46% (100 clients)	38.46% (100 clients)	0.00%	43.89% (97 clients)	43.89% (97 clients)	0.00%	45.77% (102 clients)	45.77% (102 clients)															43.40% (102 clients)	0.85% (2 clients)	Improved mental health patients have difficulty recovering from their condition. Clients who received immediate help can do it immediately but for others it takes a long time. For clients considered rehabilitated, they are well-developed in the area of independent self-care, good social skills and can undergo training or have developed capacity for semi-independence or self-reliance. 45.78% or 103 clients were considered rehabilitated categorized in Level III from the total number of clients served for the 2nd quarter of 2019. An increase of 6 clients were considered rehabilitated due to their fast pacing and good ability to cope with the program.	PHP 5,769,842.36	PHP 6,757,225.51			PHP 12,527,067.87	For clients who are unable to recover from their physical and mental condition needs longer custodial care since the absence of family and no information about their origin hampers reunification to the family.
a.8 Jose Fabela Center	2.44% (22 clients)	4.88% (44 clients)	7.44% (67 clients)	10.00% (90 clients)	10.00% (90 clients)	9.82% (64 clients)	14.61% (43 clients)	24.34% (107 clients)	16.22% (72 clients)	10.36% (49 clients)	26.58% (118 clients)															37.75% (225 clients)	30.37% (181 clients)	Continuous rehabilitation of clients and Social Workers to look into the integration process of the clients to their family.	PHP 7,101,806.88	PHP 10,980,945.54			PHP 18,082,752.42	Conduction of individual and group session and tapping of resources to provide psychological and medical needs. Continuous monitoring and skills enhancement to all client.
a.9 HEA/GRACES	2.67% (8 clients)	5.33% (16 clients)	8.00% (24 clients)	10.00% (30 clients)	10.00% (30 clients)	6.84% (13 clients)	5.26% (10 clients)	12.11% (23 clients)	6.84% (13 clients)	7.89% (15 clients)	14.74% (28 clients)															25.50% (51 clients)	17.5% (35 clients)	Presently, there are still 19 rehabilitated residents but are still under the care and custody of the center due to lack of response from LGUs to communication letters and limited slots provided by other elderly residential facilities for possible referral.	PHP 8,487,994.27	PHP 14,346,330.87			PHP 22,834,325.14	Both Program and Admin Expenditures funds of GRACES are utilized primarily for the staff salary and supplies within the center.

b. Non-residential Care Facilities																					
b.1 RSW		2.35% (2 clients)	4.70% (4 clients)	7.05% (6 clients)	10.25% (9 clients)	10.25% (9 clients)	2.38% (2 clients)	0.00%	2.38% (2 clients)	4.71% (4 clients)	0.00%	4.71% (4 clients)			6.90% (6 clients)	2.30% (2 clients)	Two (2) clients opted voluntary discharge due to finding opportunity outside the center. These clients showed that their self-esteem was improving and can decide on themselves.	PHP 144,423.23	PHP 648,306.29	PHP 792,729.52	Rehabilitated clients has exceeded its target because of client's positive response on open employment outside the center. Note: Computation of disbursement is based on the date of admission until the date of discharge.
b.2 NVRC		2.00% (6 clients)	4.00% (11 clients)	7.00% (20 clients)	10.00% (28 clients)	10.00% (28 clients)	4.30% (4 clients)	0.00%	4.30% (4 clients)	13.04% (15 clients)	0.00%	13.04% (15 clients)			10.98% (19 clients)	2.31% (4 clients)	Exceeded the number of clients served against target.	PHP 365,141.63	PHP 3,595,390.50	PHP 3,960,532.13	Maintain with the 10% trainees remaining target for rehabilitation within the 3rd to 4th quarters to achieve more than the 10% target of rehabilitation.
b.3 INA Healing Center		1.00% (2 clients)	3.00% (7 clients)	7.00% (16 clients)	10.00% (23 clients)	10.00% (23 clients)	1.16% (2 clients)	51.45% (89 clients)	52.60% (91 clients)	0.00%	55.93% (66 clients)	55.93% (66 clients)			75.12% (157 clients)	29.19% (61 clients)	Rehabilitated clients has exceeded its target because the center able to reach out and conduct home visits/ kamustahan with the old clients admitted since 2011- 2016. This efforts was made possible in collaboration with the CSWDOs of NCR.	PHP 2,527,368.30		PHP 2,527,368.30	Strengthen partnership with LGUs and other partner agencies in the implementation of healing and grief management.
Output Indicators																					
2.1 Number of clients served in residential care facilities																					
a. RSCC		80	100	125	150	150	57	30	87	58	27	85			90	-10	Target for the 2nd quarter on admission was not met due to the low number of referred cases. Massive reach out by LGUs was not coursed through as scheduled.				Closed coordination with referring agencies (infants referred by hospitals were screened by our MD III to assess their health condition as the facility has no means to cater severe medical condition while centers/institutions were informed on the documentary requirements for admission).
b. Haven for Children		70	85	100	120	120	77	0	77	82	0	82			86	1	No further referrals from other auspices both government and non government inspite of coordination particularly to LGUs here in Manila. They were also established 'shelter like Bahay Aruga, Kaling and RAC as temporary shelter and eventually returned to families.				Close coordination with other agencies particularly Local Government Units that has a massive number of street children who needs an intensive case management for the best welfare of the child and the families.
c. Nayon ng Kabataan		150	200	250	290	290	75	72	147	71	73	144			166	-34	Low admission of the center may attribute to the functionality of the CSWDOs Residential Care Facility for street children/neglected. Incidence of trafficking of children/illegal recruitment increases.				Strengthen partnership with CSWDOs, and other NGA. Conduct of Pre-admission conference immediately once documents received.
d. Haven for Women		189	215	241	268	268	14	177	191	15	192	207			251	36	The referral of the Center's Partner Agencies is a contributory factor for the achievement of the target.				Regular conduct of Talakayan, Rehabilitation Team Meeting, Pre-Admission Conference, Case Conference for proper case management.
e. Marillac Hills		230	237	244	250	250	1	250	251	1	306	307			332	95	Continuous rescue operations conducted by law enforcements on trafficking in persons resulted to number of admission at the center.				Continuous monitoring of disbursement.
f. Elsie Gaches Village		618	623	627	631	631	343	271	614	344	269	613			617	-6	Less admissions received than the target.				Strengthen partnership with other partner.
g. Sanctuary Center		227	238	249	260	260	0	221	221	0	225	225			235	-3	For the 1st semester 19 new cases were admitted due to referral that were accessed to other medical services. Referring parties were able to secure pertinent documents the primarily focused on the client's medical health condition.				For clients who are unable to recover from their physical and mental condition needs longer custodial care since the absence of family and no information about their origin hampers reunification to the family.
h. Jose Fabella Center		400	600	800	900	900	329	109	438	328	116	444			596	-4	The center was taking a hard time in the implementation of the planned activity due to non-availability of funds.				Facilitation of admission and discharged conferences among referring party. Conduction of interdisciplinary / rehab team meeting for all cases to come up with a rehab plan. Home conduction and coordination to respective LGUs
i. HE/GRACES		190	190	245	300	300	79	111	190	81	109	190			200	10	The center has admissions for the 2nd quarter due to the referral of Pasay Social Welfare and Development and re-admission from previous residents due to an LWOP incident and return of a Transfer to Other Center case. Although, there were unexpected admissions for the 2nd Quarter, the center will still observe the intensification of the temporary no-admission policy until the construction of five (5) major projects in the center is accomplished.				Intensifying partnerships with other elderly residential care facilities inside and outside NCR for possible referrals of long-term palliative care. Conduct of caseload review to identify residents for possible reintegration or any other appropriate intervention should explored for their rehabilitation.
2.2 Number of clients served in non-residential facilities																					
a. RSW		85	85	90	90	90	45	39	84	45	40	85			87	2	No variance for the 2nd Quarter but there was 1 client terminated due to illegal possession and use of drug which is against the center policy and against the law.				Engaging potential partner stakeholders into a project partnership either partner supplier or partner customers to support the productivity of the center.
b. NVRC		70	140	213	283	283	93	52	145	63	52	115			173	33	Exceeded the number of clients served against the target.				Fasttrack approval of RAO for Gratuity Allowance and approval of project proposals and procurement process.
c. INA Healing Center		167	182	202	232	232	3	170	173	2	116	118			209	27	For the 2nd quarter, major activities of the center was not implemented due to delayed processing of proposals and procurement process.				Through conducting advocacy and linking with LGU and referrals of Peer Support Mentors and Grief Watch Volunteers, the center's admission for the second quarter able to increase as compared in the first quarter

g. Sanctuary Center														0.00% (0/4)	25.00% (1/4)	No as built plan as assessed by Mandaluyong City Engineering. For the 2nd Quarter, SC are able to secure fire safety permit only for our buildings. The City engineering office of Mandaluyong requires the center to submit an "as Built Plan" to secure a renewal of the building safety certificate for human habitation. Other permit are for renewal this March 2019 and already underwent inspection from BFP of Mandaluyong City.											The request for as Built Plan for SC was already processed by the Administrative Service Unit of DSWD NCR. It is still for the process of "Bidding".
h. Jose Fabella Center														70.00% (7/10)	70.00% (7/10)												
i. HE/GRACES														53.85% (7/13)	53.85% (7/13)	For the quarter, the center is still undergoing construction with only 7 facilities compliant to the National Building Code of the Philippines. On the 2nd Semester, it is expected that 6 new buildings are added for a total of 13 buildings.											
j. RSW														14.29% (1/7)	57.14% (4/7)	The City Engineering Office of Quezon City conducted an inspection last May 29, 2019 and issued a Structural Integrity of the Building that RSW Building is safe to use on May 31, 2019. Manila Water issued Water Test Certificate on May 27, 2019. Fire Certificate will expire on November 2019. Repair and renovation of PAL Sanitizing building is for re-bidding.											
k. NVRC														100.00% (1/1)	100.00% (1/1)	The center already secured Fire Safety Certificate and Water Sanitary Permit.											
l. INA Healing Center														100.00% (1/1)	100.00% (1/1)	The center has a building permit, water portability and fire safety.											
Supplementary Feeding Sub-Program																											
Outcome Indicators																											
2.2 Percentage of malnourished children in CDCs and SNPs with improved nutritional status:																											
a. Severely underweight to Underweight		20%	42.19% (878)	47.04% (979)	89.00% (1,857)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	89.00%	69.00%	No implementation of Supplementary Feeding Program for the 2nd quarter CY 2019.					
b. Underweight to Normal		80%	39.47% (3,938)	42.53% (4,244)	82.00% (8,182)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	82.00%	2.00%						
c. Overweight to Normal		N/A	16.82% (563)	13.76% (441)	30.00% (1,004)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	30.00%	-						
2.3 Percentage of children in CDCs and SNPs with sustained normal nutritional status		95%	51.11% (36,169)	51.97% (36,775)	103.00% (72,944)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	103.00%	8.00%						
Output Indicator																											
2.6 Number of children in CDCs and SNPs provided with supplementary feeding																											
a. 8th cycle		105,340	105,340	54,530	55,508	110,038	-	-	-	-	-	-	-	-	-	-	-	-	-	110,038	4,698	The actual number of beneficiaries for the 8th cycle implementation had increased which exceeded the regional target children beneficiaries under SFP.	PHP 196,577,550.00	PHP 196,577,550.00	The amount transferred to 14 LGUs is Php 196,577,500.00 and Php 145,786,979.34 are liquidated while 5 LGUs: Pasay, Parañaque, Muntinlupa, Taguig and Valenzuela are on process of liquidation for 8th cycle implementation.		
b. 9th cycle		-	-	100,491	100,491	100,491	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	Constant follow - ups, letter address to the Local Chief Executive regarding the fast-tracking on the submission of project proposal for 9th cycle implementation which required for the procurement process.				
Social Welfare for Senior Citizens Sub-Program																											
Outcome Indicator																											
2.4 Percentage of beneficiaries using social pension to augment daily living subsistence and medical needs																											
Output Indicators																											
2.8 Number of senior citizens who received social pension within the quarter		219,735	219,735	169,735 (additional 50,000 still for validation of RSPS)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	219,735	219,735	PHP 0.00	PHP 0.00	1. Complete validation of social pension beneficiary until July 31, 2019. 2. Additional 50,000 beneficiaries for CY 2019 is still for validation of RSPS. 3. Continuous coordination and provision of technical assistance to LGUs regarding the updated master list of SC beneficiaries as well as replacement procedure per guidelines. 4. RSPS also provides continuous provision of T/A to LGUs as well as SWDAEs through ABSNet North Cluster General Assembly relative to the implementation and assist them Social Pension Program. 5. Conduct of regular monthly meeting in order to facilitate proper planning and scheduling of social pension pay-out.		

2.9	Number of centenarians provided with cash gift	35	35	35	36	141	3	22	25	0	0	0	25	-45	1. No accomplishment for the 2nd quarter due to lack or unavailability of Special Disbursing Officer to facilitate the Cash Advance of the Centenarian. 2. Delayed submission of documentary requirements of centenarians/surviving relatives necessary for the process / release of cash gift since some of the relatives were already living in the province and abroad. 2. Died prior the awarding of cash gift.	PHP 2,500,000.00	PHP 0.00	PHP 2,500,000.00	1. RSPS assisted centenarian and surviving relatives by referring and endorsing them to concerned agencies that would help facilitate the completion of documents necessary for the release of cash gift. 2. Provision of continuous Technical Assistance to LGU regarding centenarian program and documentary requirements.		
Protective Programs to Individuals and Families in Especially Difficult Circumstances Sub-Program																					
Outcome Indicator																					
2.5	Percentage of clients who rated protective services provided as satisfactory or better	Note: The tool is yet to be developed by CO.																			
Output Indicators																					
2.1	Number of beneficiaries served through AICS:	Numerical targets for Crisis Intervention Unit while PSP targets are ANA																			
a. Medical Assistance	10,000	15,500	15,000	5,000	45,500	3,890	9,888	13,778	2,710	6,274	8,984			22,782	-2,738	Funds were downloaded late and beyond the scheduled disbursement. Suspension of AICS was done given the changes in the GAA.	PHP 91,716,162.00	PHP 60,445,250.76	PHP 152,161,412.76	Maximize use of GL as mode of providing assistance to clients.	
b. Burial Assistance	800	1,200	1,000	500	3,500	767	1,773	2,540	474	1,165	1,639			4,179	2,179		PHP 44,551,200.00	PHP 30,101,300.00	PHP 74,652,500.00		
c. Educational Assistance	1,000	2,000	2,000	1,000	6,000	1,629	5,203	6,832	2,039	4,382	6,421			13,253	10,253		PHP 17,430,195.00	PHP 19,702,062.70	PHP 37,132,257.70		
d. Transportation Assistance	500	1,000	1,000	500	3,000	185	225	410	187	174	361			751	-749		PHP 1,950,603.00	PHP 1,086,883.00	PHP 3,037,486.00	Improve processes and timelines of issuance of SAA and NCA, as well as of cash advance.	
e. Food Assistance	700	1,400	1,400	1,000	4,500	1,875	4,237	5,912	2,031	4,574	6,805			12,517	10,417	Delayed Sub-Allotment of Fund and Cash Transfer.	PHP 10,725,200.00	PHP 17,088,829.00	PHP 27,814,029.00		
f. Lingap sa Masa	ANA	ANA	ANA	ANA	ANA	682	1316	1998	431	745	1176			3,174	-		PHP 7,604,250.50	PHP 4,907,501.10	PHP 12,511,751.60		
2.11	Number of beneficiaries served through ACN	ANA																			
a. Adults	ANA	ANA	ANA	ANA	ANA	-	-	-	-	-	-			-	-						
b. Children	ANA	ANA	ANA	ANA	ANA	-	-	-	-	-	-			-	-						
c. Youth	ANA	ANA	ANA	ANA	ANA	-	-	-	-	-	-			-	-						
d. PWDs	ANA	ANA	ANA	ANA	ANA	-	-	-	-	-	-			-	-						
e. Senior Citizens	ANA	ANA	ANA	ANA	ANA	-	-	-	-	-	-			-	-						
2.12	Number of clients served through community-based services:	85	90	90	85	350	251	86	337	39	39	78		415	240			PHP 1,000,000.00		PHP 1,000,000.00	On going payout is being done.
a. Women	ANA	ANA	ANA	ANA	ANA	0	75	75	0	28	28			103	-	CBS target already exceeded. No disbursement for the 2nd quarter.					
b. Children	ANA	ANA	ANA	ANA	ANA	11	5	16	9	7	16			32	-						
c. Youth	ANA	ANA	ANA	ANA	ANA	214	0	214	29	0	29			243	-						
d. OP PWDs	ANA	ANA	ANA	ANA	ANA	26	6	32	1	4	5			37	-						
2.13	Number of clients served through the Comprehensive Program for Street Children, Street Families and Badjau	ANA																			
a. Children	a.1 Street children																				
a.2 Badjau children	0	135	135	270	540	0	0	0	0	0	0			0	-135	For the 2nd Quarter, a total of Php 1,987,512.00 were obligated for Educational Assistance, Livelihood and Cash for Work with a total of 320 beneficiaries of Comprehensive Program who were validated and assessed by the Social Workers and LGUs. However, as of this period the amount of Php 1,987,680.00 is on going process for Cash Advance to be disbursed on the 3rd week of August 2019.				Continuous validation and Focus Group Discussions were conducted for the 1st Semester of CY 2019 while utilization of cash grants will start on 2nd semester CY 2019. Ongoing Cash Advance as of the time.	
b. Families	b.1 Street families																				
b.2 Badjau families	0	17	18	35	70	0	0	0	0	0	0			0	-17						
2.14	Number of children served through Alternative Family Care Program	ANA																			
a. Children Placed Out for Domestic Adoption	12	12	13	13	50	7	8	15	3	4	7			22	-2	ARRS FO-NCR was still able to conduct 4 out of 6 matching conferences due to late downloading of CMF Funds. There are Prospective Adoptive Parents awaiting to be match to their preference and children pending for matching awaiting for compliance based on the comments/recommendations of the Regional Child Welfare Specialist Group further laboratory examinations.				Continuous advocacy on Adoption Program/Services which includes conduct of different activities to encouraged and developed more families.	
b. Children Placed Out for Foster Care	22	17	17	39	7	3	10	5	6	11				21	-1	No Child available for foster care matching was matched to the preference of the available foster parents.	PHP 2,994,000.00	PHP 3,140,000.00	PHP 6,134,000.00	Continuous implementation of the program. Out of the twenty one (21) children placed under Foster Care Program, 12 or 60.00 % are males while the other 8 or 40.00% are females. Foster Care Section was able to developed (18) licensed foster parents, 55.56% are married, 44.44% are single.	
c. Children Endorsed for Inter-country Adoption	12	12	13	13	50	9	14	23	4	10	14			37	13	There are no available Prospective Adoptive Parents prefers to adopt older children in Regional Matching Conference. Likewise, there are quite a number of children also being adopted through inter-country adoption by a relative or non-relative abroad.				Continuous advocacy on Adoption Program/Services which includes conduct of different activities to encouraged and developed more families.	
2.15	Number of minors traveling abroad issued with travel clearance	2,500	2,500	2,500	2,500	10,000	1,824	2,088	3,912	2,607	2,988	5,595		9,507	4,507	MTA served more than the targeted applicants for the quarter.				Hiring of additional manpower to augment service to clients applying of travel clearance. Also additional typewriter to hasten the release of clearance.	
Social Welfare for Distressed Overseas Filipinos and Trafficked Persons Sub-Program																					
Outcome Indicator																					
2.6	Percentage of assisted individuals who are reintegrated to their families and communities	Note: Monitoring mechanism for this indicator yet to be established.																			
Output Indicators																					
2.16	Number of trafficked persons provided with social welfare services	105	105	105	105	420	18	91	109	34	119	153		262	52			PHP 80,000.00	PHP 150,000.00	PHP 230,000.00	Assessment of the new TIP victims survivors to be done. But for the second semester the SWO-II for TIP was now transferred under the supervision of SWG for GAD.
a. Adults							18	91	109	34	119	153									
b. Children							-	-	0	-	-	-									
c. Youth							-	-	-	-	-	-									
d. PWDs							-	-	-	-	-	-									
e. Senior Citizens							-	-	-	-	-	-									
2.17	Number of distressed and undocumented overseas Filipinos provided with social welfare services:	ANA	ANA	ANA	ANA	ANA	58	292	350	30	60	90		440	-	No disbursement for the 2nd quarter CY 2019		PHP 234,000.00		PHP 234,000.00	TA, Food & Non-Food assistance Coordination with LGUs on the assistance on the BBMT conduct and proposal preparation of the OFs livelihood assistance as requirement in the processing.
a. Adults							30	257	287	10	40	50									
b. Children							28	35	63	20	20	40									
c. Youth							-	-	-	-	-	-									
d. PWDs							-	-	-	-	-	-									
e. Senior Citizens							-	-	-	-	-	-									

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	Q1	Q2	Q3	Q4	Total	Q1			Q2			Q3			Q4					Total	Q1	Q2	Q3	Q4		Total
						M	F	T	M	F	T	M	F	T	M	F	T									
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	(23)	(24)			
ORGANIZATIONAL OUTCOME 2: RIGHTS OF THE POOR AND THE VULNERABLE SECTORS PROMOTED AND PROTECTED																										
Protective Social Welfare Program																										
Protective Programs to Individuals and Families in Especially Difficult Circumstances Sub-Program																										
Outcome Indicator																										
2.5	Percentage of clients who rated protective services provided as satisfactory or better																									
Output Indicators																										
2.1	Number of beneficiaries served through AICS:																									
	Crisis Intervention Unit (CIU)																									
a. Medical Assistance	5,000	7,750	7,500	2,500	22,750	1,577	3,438	5,015	1,102	2,461	3,563															
b. Burial Assistance	400	600	500	250	1,750	67	213	280	21	120	141															
c. Educational Assistance	500	100	100	500	1,200	34	90	124	105	148	254															
d. Transportation Assistance	250	500	500	250	1,500	185	225	410	167	174	341															
e. Food Assistance	350	700	700	1,000	2,750	119	295	414	343	921	1,264															
Protective Services Program (PSP)																										
a. Medical Assistance	ANA	ANA	ANA	ANA	ANA	2,313	6,450	8,763	1,608	3,813	5,421															
b. Burial Assistance	ANA	ANA	ANA	ANA	ANA	700	1,560	2,260	453	1,045	1,498															
c. Educational Assistance	ANA	ANA	ANA	ANA	ANA	1,595	5,113	6,708	1,933	4,234	6,167															
d. Transportation Assistance	ANA	ANA	ANA	ANA	ANA	0	0	0	0	0	0															
e. Food Assistance	ANA	ANA	ANA	ANA	ANA	1,556	3,942	5,498	1,688	3,653	5,341															
Total Combined																										
a. Medical Assistance						3,890	9,888	13,778	2,710	6,274	8,984															
b. Burial Assistance						767	1,773	2,540	474	1,165	1,639															
c. Educational Assistance						1,629	5,203	6,832	2,039	4,382	6,421															
d. Transportation Assistance						185	225	410	167	174	341															
e. Food Assistance						1,675	4,237	5,912	2,031	4,674	6,605															

Note: Updated data on 1st Quarter served by PSP.

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	Q1	Q2	Q3	Q4	Total	Q1			Q2			Q3			Q4					Total	Q1	Q2	Q3		Q4	Total
						M	F	T	M	F	T	M	F	T	M	F	T									
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	(23)	(24)	(25)		
ORGANIZATIONAL OUTCOME 3: IMMEDIATE RELIEF AND EARLY RECOVERY OF DISASTER VICTIMS/SURVIVORS ENSURED																										
Disaster Response and Management Program																										
Outcome Indicators																										
3.1	Percentage of disaster-affected households assisted to early recovery stage	N/A	N/A	N/A	N/A	N/A	-	-																		
Output Indicators																										
3.1	Number of DSWD QRTs trained for deployment on disaster response	0	0	30	0	30	0	0																		
3.2	Number of LGUs with prepositioned relief goods	N/A	N/A	N/A	N/A	N/A	-	-																		Coordination for MOA with AFP with allotted/vacant space for the preposition of goods.
3.3	Number of poor households that received cash-for-work for CCAM	18,298	0	22,000	20,000	60,298	18,149	0																		The fund is being reallocated to other quarters for scheduled implementations.
3.4	Number of LGUs provided with augmentation on disaster response services	ANA	ANA	ANA	ANA	ANA	12	11																		The DRMD replenishes a Disaster Plan worth 3M for emergency purchases.
3.5	Number of internally-displaced households provided with disaster response services	ANA	ANA	ANA	ANA	ANA	4,539	3,820																		Accomplishment of Distribution List indicating the names of the disaster affected families and contact number of the LGUs.
3.6	Number of households with damaged houses provided with early recovery services:	N/A	N/A	N/A	N/A	N/A	-	-																		DRMD FO-NCR has no provision of early recovery services/Emergency Shelter Assistance

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Objective/ Program/ Sub-Program/ Performance Indicator	Physical Targets					Physical Accomplishments												Variance	Reasons for Variance	Disbursements				Steering Measures		
	Q1	Q2	Q3	Q4	Total	Q1			Q2			Q3			Q4					Total	Q1	Q2	Q3		Q4	Total
						M	F	T	M	F	T	M	F	T	M	F	T									
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)								
ORGANIZATIONAL OUTCOME 4: CONTINUING COMPLIANCE OF SOCIAL WELFARE AND DEVELOPMENT AGENCIES TO STANDARDS IN THE DELIVERY OF SOCIAL WELFARE SERVICES ENSURED																										
Social Welfare and Development Agencies Regulatory Program																										
Outcome Indicators																										
4.1	Percentage of SWAs, SWDAs and service providers with sustained compliance to social welfare and development standards																									
a.	Registered and Licensed SWAs	11.76% (8/68)	13.24% (9/68)	11.76% (8/68)	13.24% (9/68)	50.00% (34/68 issued RL in 2018)	14.71% (10)	10.29% (7)															Monitoring visit to other SWDAs with valid RLA is scheduled within 2nd Semester 2019.			
b.	Accredited SWDAs																									
b.1	Level 1 Accreditation																									
b.2	Level 2 Accreditation																									
b.3	Level 3 Accreditation																									
c.	Accredited Service Providers																									
Output Indicators																										
4.1	Number of SWAs and SWDAs registered, licensed and accredited																									
a.	Registered and Licensed SWAs	5	5	5	5	20	10	6															With the implementation of MC No. 17 series of 2018 or the new guidelines for Registration, Licensing and Accreditation, the FO continuously conduct orientation and technical assistance. The new guidelines further intensifies sanctions and penalties for SWADs continuously operating without valid Registration and License Certificate from the Department.			
b.	Registered Auxiliary SWDAs	10	10	10	10	40	12	13																		
4.2	Number of CSOs accredited																									
a.	Implementing Partner CSOs	ANA	ANA	ANA	ANA	ANA	0	0															Discuss and follow-up to SB said concern.			
b.	Beneficiary Partner CSOs	Waiting for the target from the Standards Bureau					44	0															Discuss and follow-up to SB said concern.			
4.3	Number of service providers accredited																									
a.	SWMCCs	2	2	2	2	8	0	3															Follow-up and continuously provide TA to the 4 applicants. Capability Building on PMCs and SWMCCs will be conducted in August to intensify efforts to comply with the accreditation guidelines.			
b.	PMCs	2	2	2	2	8	2	0																		
c.	CWDs	50	0	50	50	150	16	0															To continuously conduct orientation on new guidelines to public and private Child Development Centers and Learning Centers. To also follow-up clarificatory memo from the Standards Bureau.			
4.4	Percentage of SWDAs with RLA certificates issued within 30 working days upon receipt of compliant application																									
4.4.1.	Registration Certificate					100.00%	100.00%	100.00%																		
4.4.2.	Registration and License to Operate					100.00%	100.00%	100.00%																		
4.5	Percentage of detected violations/complaints acted upon within 7 working days					100.00%	100.00%	100.00%															Note: No complaints received.			

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	Q1	Q2	Q3	Q4	Total	Q1			Q2			Q3			Q4					Total	Q1	Q2	Q3	Q4		Total		
						M	F	T	M	F	T	M	F	T	M	F	T											
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	(23)	(24)	(25)	(26)	(27)	(28)	
ORGANIZATIONAL OUTCOME 5: DELIVERY OF SOCIAL WELFARE AND DEVELOPMENT PROGRAMS BY LOCAL GOVERNMENT UNITS THROUGH LOCAL SOCIAL WELFARE AND DEVELOPMENT OFFICES IMPROVED																												
Social Welfare and Development Technical Assistance and Resource Augmentation Program																												
Outcome Indicators																												
5.1	Percentage of LSWDOs with improved functionality:																											
a.	Partially-functional to Functional																											
a.1	City																											
a.2	Municipality																											
b.	Functional to Fully-functional																											
a.1	City																											
a.2	Municipality																											
c.	Partially-functional to Fully-functional	0	0	11	6	17																						
a.1	City	0	0	10	6	16																						
a.2	Municipality	0	0	1	0	1																						
Output Indicators																												
5.1	Number of learning development interventions provided to LGUs	1	1	1	1	4	0				3						3	1										
5.2	Percentage of LGUs provided with technical assistance	TBD Based on TARA Plan 2020-2022	TBD Based on TARA Plan 2020-2022	TBD Based on TARA Plan 2020-2022	TBD Based on TARA Plan 2020-2022	TBD Based on TARA Plan 2020-2022	100% (17 LGUs out of 17 LGUs)				100% (17 LGUs out of 17 LGUs)						100% (17 LGUs out of 17 LGUs)	-										
5.3	Percentage of LGUs provided with resource augmentation	ANA	ANA	ANA	ANA	ANA	70.59% (12 LGUs out of 17 LGUs)				64.71% (11 LGUs out of 17 LGUs)						94.12% (16 LGUs out of 17 LGUs)	5.88% (1 LGUs out of 17 LGUs)										
5.4	Percentage of LGUs that rated TA provided satisfactory or better	TBD	TBD	TBD	TBD	Official tool to be used not yet issued by SWIDB	-				-						-	-										
5.5	Percentage of LGUs that rated RA provided satisfactory or better	TBD	TBD	TBD	TBD	Official tool to be used not yet issued by SWIDB	-				-						-	-										

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	Q1	Q2	Q3	Q4	Total	Q1			Q2			Q3			Total	Q1	Q2			Q3	Q4	Total		
						M	F	T	M	F	T	M	F	T									M	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)						
SUPPORT TO OPERATIONS																								
Policy and Plan Development																								
6.1 Number of agency policies approved and disseminated																								
6.1.1 Regional Policies approved and disseminated	ANA	ANA	ANA	ANA	ANA	3	1																	
6.2 Number of agency plans formulated and disseminated																								
a. Medium-term Plans																								
b. Annual Plans	0	0	1	6	7	0	0																	
6.3 Number of researches completed																								
Social Technology Development																								
6.4 Percentage of intermediaries adopting completed social technologies	-	-	-	100% (5)	100% (5)	-	-																	
6.5 Number of intermediaries replicating completed social technologies	-	-	-	4	4	-	-																	
National Household Targeting System for Poverty Reduction																								
6.6 Percentage of intermediaries utilizing Listahanan results for social welfare and development initiatives	1 NGA	1 NGO 1 NGA	4 LGUs	1 NGO 4 LGUs	2 NGOs 8 LGUs 2 NGAs	1 NGA (Academe)	0																	
6.7 Number of households assessed to determine poverty status				1,332,684 HHs		0	0																	
6.8 Number of households assessed for special validation				133,269 HHs		0	0																	
Information and Communications Technology Management																								
6.9 Number of computer networks maintained	607	607	607	607	607	607	607																	
Number of Databases maintained	9 databases initiated by the region					9	9																	
Number of secured and functional websites maintained	1	1	1	1	1	1	1																	
6.10 Percentage of users trained on ICT applications, tools and products	-	-	-	-	-	-	-																	
6.11 Percentage of service support and technical assistance requests acted upon	100% (ANA)	100% (ANA)	100% (ANA)	100% (ANA)	100% (ANA)	100% (323)	100% (927)																	

Internal Audit															
6.12	Percentage of audit recommendations complied with	ANA	ANA	ANA	ANA	ANA	0.00%	0.00%			0.00%	-	FO-NCR has no audit recommendations received for the 1st and 2nd quarter of CY 2019. However, IAS has submitted audit recommendation for Sustainable Livelihood Program (SLP) on June 2019 but still for compliance on July 2019.	FO-NCR to continuously comply with audit recommendations received from IAS.	
6.13	Percentage of integrity management measures implemented:	100.00% (27 IMs)	100.00% (27 IMs)				85.19% (23 IMs)	92.59% (25 IMs)			88.88% (48 IMs)	11.11% (6 IMs)	IMP Focal Person on each D/S/U/C/R/CFs did not pay attention to the given timeline prescribed by the IMC - Secretariat resulting to the late submission or non-inclusion of reports to the submitted IMP for the Region. Due to the newly revised template for IMP which includes Means of Verification and Ratings Column on each integrity measures resulting to confusion on what should be reflected to the said columns.	Region's IMC - Secretariat to conduct an orientation reiterating the timely quarterly submission of each IMP Reports. Ensure D/S/U/C/R/CFs to submit hard copies with the signatures of Heads for consolidation and submission to Central Office. Also, soft copies of the report including the complete reportorial requirement with signature of the Regional Director.	
Social Marketing															
6.14	Percentage of stakeholders informed on DSWD programs and services	The KAP Survey will be conducted on the 4th Quarter of 2019. Per SMS Central Office, new guidelines will be released prior to the conduct.													
6.15	Number of social marketing activities conducted:														
	a. Information caravans	1		1		2	1	0			1	0			
	b. Issuance of press releases	6	6	6	6	24	16	37			53	41	Per memorandum dated May 30, 2019 re: Minutes of the Meeting with SMO Focals of the C/R/CFs, SMO Focals are required to submit 2 News Articles and 1 Success Stories per quarter, subject for review and repackaging of SMO's Information Officers.	Increase in output and capacity of SMO to issue press releases will be discussed in the next Risk Treatment Planning Workshop to recalibrate the targets of Social Marketing Office.	
	c. Communication campaigns	0	1	1	1	3	0	5			5	4	The SMO conducted 5 Information Dissemination Activities indicated in the Communication Campaign Plan for Basic Sectors. These activities were facilitated by the Social Welfare Specialists per sector assigned such as Youth and Children Sector, Women Sector and Senior Citizen Sector.	Increase in demand and capacity of SMO to conduct Information Dissemination Activities for the Basic Sectors will be discussed in the next Risk Treatment Planning Workshop to recalibrate the targets of Social Marketing Office.	
6.16	Number of IEC materials developed	2	2	2	2	8	32	33			65	61	Advocacy materials are developed upon request by D/S/U/C/R/CFs of the Department or as need arises. The variance reflects the increase in demand and facilitated requests for advocacy materials of DSWD-NCR's D/S/U/C/R/CFs.	Increase in demand and capacity of SMO to facilitate requests of D/S/U/C/R/CFs for IEC materials will be discussed in the next Risk Treatment Planning Workshop to recalibrate the targets of Social Marketing Office.	
Knowledge Management															
6.17	Number of knowledge products on social welfare and development services developed	0	1	1	0	2	3	1			4	3	The target has already met. But, the C/R/CF/U/S are still encourage to submit good practice documentation for 2nd semester.	Develop guidelines related to capability building implementation.	
6.18	Number of knowledge sharing sessions conducted	0	2	2	2	6	0	1			1	-1	The activity entitled "KM Team Meeting" was rescheduled on July 11, 2019.	Continuous implementation of the programs and services assigned to Capability Building Section. KM Meeting was conducted on July 11, 2019 for inclusion in the report of the 3rd quarter. The following activities will also be conducted on the 3rd Quarter: 1. Benchmarking Activity of Knowledge Management (KM) Team on Digitization System (CITRIS) of DSWD-FO III 2. 3rd Quarter Meeting on September 16, 2019.	

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT
Field Office - NATIONAL CAPITAL REGION
389 San Rafael St., corner Legarda, Sampaloc, Manila, Philippines

2ND QUARTER ACCOMPLISHMENT REPORT
FY 2019

Objective/ Program/ Sub-Program/ Performance Indicator	Physical Targets					Physical Accomplishments												Variance	Reasons for Variance	Disbursements				Steering Measures
	Q1	Q2	Q3	Q4	Total	Q1			Q2			Q3			Q4					Total				
						M	F	T	M	F	T	M	F	T	M	F	T							
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)=(14)+(15)+(16)+(17)	(19)						
GENERAL ADMINISTRATION AND SUPPORT SERVICES																								
Human Resource and Development																								
7.1	Percentage of positions filled-up within timeline	100.00% (514 plantilla positions)	100.00% (514 plantilla positions)	100.00% (514 plantilla positions)	100.00% (514 plantilla positions)	100.00% (514 plantilla positions)	94.94% (488/514)				92.80% (477/514)							92.80% (477/514)	7.20% (37/514)	1. Implementation of COMELEC Election Ban which started on January 13, 2019 (for transfer and promotion) which ended on May 12, 2019. 2. Fast attribution rate in Pantawid Pamilya 3. Hiring of COS workers under GAA funds	Expedite processing of remaining vacant positions upon lifting of the Election Ban.			
7.2	Percentage of regular staff provided with at least 1 learning and development intervention	9.66% (40)	24.15% (100)	36.23% (150)	29.95% (124)	100.00% (414)	3.86% (16)	5.80% (24)	9.66% (40)	5.31% (22)	25.36% (105)	30.67% (127)						30.67% (127)	6.52% (27)	No disbursement for the 1st quarter as the interventions provided were all invitations. There were targeted participants for the 1st quarter who also attended capability building activities during 2nd quarter. Hence, exceeded 6.52% of the physical target.	Availability of budget for Center/Division initiated trainings being facilitated by respective I-CR Focal Persons and Functionality of PDC to assess applications of regular staff to training invitations outside the Department.			
7.3	Percentage of staff provided with compensation/benefits within timeline	100% (918)	100% (918)		100% (918)	32.08% (357)	67.57% (752)	99.64% (1,109)	100% (268)	100% (656)	100% (918)							100% (918)	0.00%					
	7.3.1. Regular/Casual/Contractual	100% (1,113)	100% (1,113)		100% (1,113)	35.85% (466)	64.15% (977)	100% (1,523)	100% (376)	100% (737)	100% (1,113)							100% (1,113)	0.00%					
	7.3.2. COS Workers Payroll (MOA and JO)	100% (1,523)	100% (1,113)		100% (1,113)																			
Legal Services																								
7.4	Percentage of disciplinary cases resolved within timeline	ANA	ANA	ANA	ANA	100%	0%	0%	0%	42.86% (9)	57.14% (12)	100.00% (21)						100.00% (21)		There is an on-going hearing for the remaining cases. 100% of administrative cases for 1st level were resolved per prescribed timeline; complaints/grounds for administrative cases for 2nd level were endorsed to the Office of the Secretary as prescribed by AO 2018-008.	Designate additional Prosecuting Officers and facilitate bulk scheduling of hearings to maximize availability of Hearing Officer and Prosecuting Officers Include review of turnaround time of cases being handled during conduct of case conferences as part of monitoring and evaluation initiatives.			
Administrative Services																								
7.7	Number of facilities repaired/renovated	8	8				8				29							29	21	More structures were repaired/renovated for improvement of the facilities.	Regular monitoring, supervision and technical inputs/activities			
7.8	Percentage of real properties titled	100.00% (5)	100.00% (5)				20.00% (1/5)				20.00% (1/5)							20.00% (1/5)	80.00% (4/5)	Only the FO-NCR has land title as of now. Administrative section would like to convey that titling is not their control because titling of properties requires a long and tedious process involving coordination and negotiations with the DENR, DPWH, OPP and LRA. Records would show that our PAMS since 2016 up to the present has consistently implemented all the grounds works for this undertaking.	Continuous follow up/coordination and directives.			
7.9	Number of vehicles maintained and managed	10	10				10				10							10	0		Regular checking of status of vehicles and follow through repairs			
7.1	Percentage of records digitized/disposed	100.00% (1,087)	100.00% (1,212)				100.00% (1,087)				100.00% (1,212)							100.00%	0.00%		Ensure the implementation of policy of automatic scanning of documents and validation of job			
Financial Management																								
7.11	Percentage of budget utilized																							
a.	Actual Obligations Over Actual Allotment Incurred																							
a.1	Current Appropriation						46.96% (Php 413,651,851.78)				28.81% (Php 993,693,926.67)										Variance resulted from the following reasons: 1. Re-enacted Budget - Obligational Authorities have limited time frame of validity. Once lapsed, it can no longer be used for obligation. Thus, the programs still have to wait for the another batch of Obligational Authority/Sub-Obligational allotment and Financial Guidelines from DBM. 2. 2. Some programs are subject to NEW Implementation systems/procedures which led to incurring value added time of preparation & execution. Examples are Supplementary Feeding Program (SFP) with new directive of procurement process, Protective Services Program (PSP) with new set of policy guidelines and Social Pension (SocPen) with new directive of validation of			
a.1.1	DRF	25.00%	25.00%				24.31% (Php 143,723,267.34)				19.64% (Php 450,013,841.44)							19.64%	-30.36%		The FMD Budget Section will: 1. Continuously provide technical assistance to centers/offices/sections/units in the application and utilization of budgetary methods and budget system to maximize fund utilization. 2. Provide the centers/offices/sections/units with the status of funds report			
a.1.2	CMF	25.00%	25.00%				88.00% (Php 269,928,584.44)				38.44% (Php 543,680,085.23)							38.44%	-11.56%					

a.2 Continuing Appropriation						5.65% (Php 13,515,729.35)	34.21% (Php 95,719,087.76)											beneficiaries. 3. GAA was issued on May 1, 2019 but guidelines for the release of funds from DBM was issued only on May 21, 2019. The gap between periods served as waiting and clarification time. Thus, processing of obligation was minimized and only those categorized as emergency transactions were processed. 4. Incurrence of Continuing Fund which caused preference as to utilization. It was noted that the Central Office management directed the Field Office & Bureaus to use it until May 31, 2019. 5. New sets of Sub Allotment Advices (SAA) are being staggardly downloaded to the Field Office starting June. This resulted to increased unutilized allotment as of reporting							every month. 3. Assist the centers/offices/sections/units in the processing various financial transactions relative to fund certification such as modification, certification of availability of allotment, obligation, and adjustments.
a. 2.1 DRF	25.00%	25.00%			50.00%	19.90% (Php 10,532,261.27)	49.28% (Php 26,086,359.97)			49.28%	-0.72%														
a. 2.2 CMF	25.00%	25.00%			50.00%	1.60% (Php 2,983,468.08)	30.70% (Php 69,632,727.79)			30.70%	-19.30%														
b. Actual Disbursements over Actual Obligations Incurred																									
a.1 Current Appropriation	25.00%	25.00%			50.00%	75.15% (Php 310,842,988.65)	66.51% (Php 660,857,732.25)			66.51%	16.51%														
a.2 Continuing Appropriation	25.00%	25.00%			50.00%	53.14% (Php 7,181,585.31)	48.54% (Php 46,459,136.68)			48.54%	-1.46%														
7.12 Percentage of cash advance liquidated																									
a. Advances to officers and employees																									
a.1 Current Year					100.00%	46.59% (Php 71,909.60)	82.34% (Php 179,314.44)			82.34% (Php 179,314.44)	17.66% (Php 38,462.00)														
a.2 Prior Years					100.00%	77% (Php 111,162.39)	93.39% (Php 134,792.44)			93.39% (Php 134,792.44)	6.61% (Php 9,534.86)														
b. Advances to SDOs																									
b.1 Current Year					100.00%	14.74% (Php 40,505,040.78)	60.64% (Php 293,976,925.10)			60.64% (Php 293,976,925.10)	39.36% (Php 190,810,955.95)														
b.2 Prior Years					100.00%	63% (Php 345,139,117.62)	92.53% (Php 503,780,784.60)			92.53% (Php 503,780,784.60)	7.47% (Php 39,792,822.45)														
c. Inter-agency transferred funds																									
c.1 Current Year					100.00%	13.25% (Php 30,043.40)	62.10% (Php 3,248,804.76)			62.10% (Php 3,248,804.76)	37.90% (Php 1,982,985.83)														
c.2 Prior Years					100.00%	18.36% (Php 90,021,381.26)	35.58% (Php 186,064,114.90)			35.58% (Php 186,064,114.90)	64.42% (Php 310,405,353.50)														
7.13 Percentage of AOM responded within timeline					100.00%	100.00% (12/12)	100.00% (4/4)			100.00% (18/18)	0.00%														
7.14 Percentage of NS/ND complied within timeline					100.00%	100.00% (2/2)	0.00%			100.00% (2/2)	0.00%														
Procurement Services																									
7.15 Percentage of procurement projects completed in accordance with applicable rules and regulations	80.00%	80.00%	80.00%	80.00%	80.00%	100.00% (474 PRs)	100.00% (509 PRs)			100.00% (883 PRs)	0.0%														
7.16 Percentage compliance with reportorial requirements from oversight agencies	100.00%	100.00%	N/A	100.00%	100.00%	50.00% (APP)	100.00% (PMR)			50.00%	-50.0%														

Prepared by:

DEANNA ROSE V. QUIAMBAO
Statistician I
Policy Development and Planning Unit
Date:

Reviewed by:

MARK M. GARCIA
Planning Officer IV/Head
Policy Development and Planning Unit
Date:

Recommending Approval:

MANUELA M. LOZA
SWO V/ Division Chief
Policy and Plans Division
Date:

Approved by:

VIGENTE GREGORIO B. TOMAS
Regional Director
DSWD NCR
Date: