

19 April 2023

Ms. MARY JANE H. SADANG
State Auditor III/Audit Team Leader
Commission on Audit
DSWD – National Capital Region
389 San Rafael St., corner Legarda, Manila

Dear **Auditor Sadang**:

This is to respectfully submit the Field Office – National Capital Region Physical Report of Operation (BAR No. 1) for the 1st Quarter CY 2023 in compliance to the COA-DBM Joint Circular No. 2019-1 or the Updated Guidelines Relative to Budget and Financial Accountability Reports (BFARS) Starting FY 2019.

For your information and reference.

Thank you.

Very truly yours,


MICHAEL JOSEPH J. LORICO
OIC-Regional Director


MING/LCD/DM

QUARTERLY PHYSICAL REPORT OF OPERATIONS
As of 1st Quarter CY 2023

Department : Department of Social Welfare and Development
Agency : National Capital Region
Operating Unit : Policy Development and Planning Section
Organizational Code (UACS) : 20-001-03-00013

| | |
|---|-----------------------------|
| x | Current Year Appropriations |
| | Supplemental Appropriations |
| | Continuing Appropriations |
| | Off-Budget Account |

| Strategy/ Program/ Sub-Program/ Performance Indicator | | UACS Code | Physical Targets | | | | | Physical Accomplishments | | Variance | Assessment of Variance | | | Reasons for Variance | Steering Measures |
|--|--|--------------|---------------------------------|--------|--------|--------|---------------------------------|-----------------------------|------------------------|----------|---------------------------|-------|-------------------------|--|--|
| | | | Q1 | Q2 | Q3 | Q4 | Total | Q1 | Total | | Major | Minor | Full target Achieved | | |
| | | | | | | | | | | | | | | | |
| (1) | | | (2) | (3) | (4) | (5) | (6) | (7) | (13)=(7)+(8)+(10)+(11) | (14) | (15) | (16) | (17) | (18) | (19) |
| Strategic Focus 2: Improve well-being of Beneficiaries and 4Ps households through strengthened social welfare system | | | | | | | | | | | | | | | |
| ORGANIZATIONAL OUTCOME 1: WELLBEING OF POOR FAMILIES IMPROVED | | | | | | | | | | | | | | | |
| OUTCOME INDICATOR | | | | | | | | | | | | | | | |
| 1.1 | Percentage of Pantawid households with improved wellbeing | | 100% (206,397/ 206,397) | | | | 100% (206,397/ 206,397) | - | - | -206,397 | 100% | | | | |
| | a. 1. Survival - Baseline | | 0.55% (1,153/ 206,397) | | | | 0.55% (1,153/ 206,397) | - | - | | | | | Administration of SWDI had just started on March 16, 2023, due to the augmentation in the Listahanan validation and the accomplishment and encoding of Set 12 households for registration (with Deadline March 15, 2023). The target breakdown did not match the total number of target (40,529 difference) since there is no option for "No SWDI data yet". The 206,397 is the total active households for the RCCT based on the updated roster list (January 2023) to be administered and encoded in the SWDI-IS. Meanwhile, the active households of the MCCT (included in the MCCT-SWDI) will be added here once the RCCT & MCCT is mainstreamed in to a single system (SWDI-IS). | Encoders and Regional Support System Staff were already assigned to the nine (9) Operations Offices for encoding of accomplished SWDI Tools. |
| | a. 2. Survival to Subsistence | | | | | | | | | | | | | | |
| | b. 1. Subsistence - Baseline | | 70.63% (145,781/ 206,397) | | | | 70.63% (145,781/ 206,397) | - | - | | | | | | |
| | b. 2. Subsistence to Self-Sufficiency | | | | | | | | | | | | | | |
| | c. 1. Self-Sufficiency - Baseline | | 9.17% (18,934/ 206,397) | | | | 9.17% (18,934/ 206,397) | - | - | | | | | | |
| | c. 2. Survival to Self-Sufficiency | | | | | | | | | | | | | | |
| | No SWDI data yet | | 19.64% (40,529/ 206,397) | | | | 19.64% (40,529/ 206,397) | - | - | | | | | | |
| 1.2 | Percentage compliance of Pantawid Pamilya households on school enrolment of children | | 90.00% | 90.00% | 90.00% | 90.00% | 90.00% | 97.53% | 97.53% | 7.5% | | 8% | | | |
| | | | (261,284/ 290,316) | | | | | (283,159/ 290,316) | (283,159/ 290,316) | | | | | | |

| Strategy/ Program/ Sub-Program/ Performance Indicator | | UACS Code | Physical Targets | | | | | Physical Accomplishments | | Variance | Assessment of Variance | | | Reasons for Variance | Steering Measures |
|---|---|-----------|------------------|---------|---------|---------|---------|--------------------------|------------------------|----------|------------------------|---------|----------------------|---|-------------------|
| | | | Q1 | Q2 | Q3 | Q4 | Total | Q1 | Total | | Major | Minor | Full target Achieved | | |
| | | | | | | | | | | | | | | | |
| (1) | | | (2) | (3) | (4) | (5) | (6) | (7) | (13)=(7)+(8)+(10)+(11) | (14) | (15) | (16) | (17) | (18) | (19) |
| 1.3 | Percentage compliance of Pantawid Pamilya households on availment of health services | | 90.00% | 90.00% | 90.00% | 90.00% | 90.00% | 92.37% | 92.37% | 2.37% | | | 3% | | |
| | No. of Pantawid Pamilya households availing key health services | | (10,194/11,327) | | | | | (10,463/11,327) | (10,463/11,327) | | | | | | |
| 1.4 | Percentage of Pantawid Pamilya children not attending school that returned to school | | N/A | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | N/A | N/A | - | | #DIV/0! | | | |
| | Total Number of Pantawid Pamilya Children Not Attending School in Previous SY and Non-Compliant for At least 3 Months | | N/A | | | | | N/A | N/A | | | | | Note: The Region is still waiting for the P6 CVS Data to generate the NAS for 3 consecutive months. | |
| | Number of Pantawid Pamilya Children Who Returned to School in Current SY and Compliant for At Least 8 Months | | N/A | | | | | N/A | N/A | | | | | | |
| 1.5 | Percentage of Pantawid Pamilya households not availing key health services that availed key health services | | 10.00% | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | 92.37% | 8.26% | 82.37% | | | 823% | | |
| | Total No.of Pantawid Pamilya Non-Compliant to At Least 1 Health Conditions | | 11,327 | | | | | 11,327 | 10,463 | | | | | | |
| | No.of Pantawid Pamilya Households Turned Compliant to Health Conditions | | 1,133 | | | | | 10,463 | 864 | | | | | | |
| | Current Fund | | | | | | | | | | | | | | |
| 1.6 | Percentage of SLP Participants engaged in microenterprise | | 100% | 100% | 100% | 100% | 100% | 100.00% | 100.00% | 0.00% | | | 0.00% | Full target achieved as of 1st Quarter CY 2023. | |
| | Total number of SLP participants are equipped to engage in a microenterprise | | 68 | 710 | 1,713 | 1,778 | 4,269 | 68 | 68 | | | | | | |
| a.1. | SLP Regular | | - | 523 | 601 | 912 | 2,036 | - | - | | | | | | |
| a.2. | SLP Referrals | | 68 | 100 | 432 | 422 | 1,022 | 68 | 68 | | | | | | |
| b. | Enhanced Partnership Against Hunger and Poverty (EPAHP) | | - | - | - | - | - | - | - | | | | | | |
| c. | EO 70 Implementation | | - | - | 14 | - | 14 | - | - | | | | | | |
| d. | Livelihood for Marawi IDPs | | - | - | - | - | - | - | - | | | | | | |
| e. | Zero Hunger Program | | - | 87 | 666 | 444 | 1,197 | - | - | | | | | | |
| | Expanded Project On EPAHP Resettlement Support (PERS) | | - | - | 100 | 100 | 200 | - | - | | | | | | |
| | Partnership For Sustainable Living Project (PSL) Project | | - | - | - | - | - | - | - | | | | | | |
| | Kabuhayan Integration, Business Initiatives, And Gainful Access To Networks (KAIBIGAN)-Fire Victims Project | | - | 87 | 466 | 144 | 697 | - | - | | | | | | |

| Strategy/ Program/ Sub-Program/ Performance Indicator | | UACS Code | Physical Targets | | | | Physical Accomplishments | | Variance | Assessment of Variance | | | Reasons for Variance | Steering Measures | |
|--|--|--------------|--|-----|-------|-------|-----------------------------|---------|------------------------|---------------------------|-------|-------|----------------------|---|--|
| | | | Q1 | Q2 | Q3 | Q4 | Total | Q1 | | Total | Major | Minor | | | Full target Achieved |
| | | | | | | | | | | | | | | | |
| (1) | | | (2) | (3) | (4) | (5) | (6) | (7) | (13)=(7)+(8)+(10)+(11) | (14) | (15) | (16) | (17) | (18) | (19) |
| | Capacity Development For Farmers, People’s Organizations And Households In Urban And Rural Communities Project | | - | - | 50 | 50 | 100 | - | - | | | | | | |
| | Urban Poor Project | | - | - | 50 | 150 | 200 | - | - | | | | | | |
| | Total number of households who received seed capital fund, skills training, and CBLA | | 68 | 710 | 1,713 | 1,778 | 4,269 | 68 | 68 | | | | | | |
| 1.7 | Percentage of SLP participants employed | | During the Social Preparation Stage, SLP participants are allowed to choose the track best suited for them | | | | NO TARGET | #DIV/0! | #DIV/0! | 0.00% | | | | | |
| | Total number of SLP participants equipped to be employed | | | | | | | - | - | | | | | | |
| a. | SLP Regular/Referrals | | | | | | | - | - | | | | | | |
| b. | Enhanced Partnership Against Hunger and Poverty (EPAHP) | | | | | | | - | - | | | | | | |
| c. | EO 70 Implementation | | | | | | | - | - | | | | | | |
| d. | Livelihood for Marawi IDPs | | | | | | | - | - | | | | | | |
| | Total number of households who received employment assistance | | | | | | | - | - | | | | | | |
| 1.8 | Number of SLP participants with established or recovered enterprise, or are employed (LAG) | | During the Social Preparation Stage, SLP participants are allowed to choose the track best suited for them | | | | NO TARGET | 0 | 0 | 0.00% | | | | | |
| | Microenterprise Development | | | | | | | - | - | | | | | | |
| | Employment Facilitation | | | | | | | - | - | | | | | | |
| 1.9 | Percentage of completed KC-NCDDP projects that have satisfactory or better sustainability evaluation rating | | Not applicable for FO-NCR. | | | | | | | | | | | | |
| OUTPUT INDICATORS | | | | | | | | | | | | | | | |
| 1.10 | Number of Pantawid households provided with conditional cash grants | | 208,447 | 0 | 0 | 0 | 0 | 0 | 0 | -208,447 | -100% | | | Payroll is still not yet released for CY 2023 due to the pending Listahanan validation. | Data shown in the physical targets are the active households as of January 2023. However, since there is still no payroll for 2023, accomplishments will be set to "0". This will be updated on the next quarters. The downloaded GAA - P5,100,773,987.00 for FY2023 is for the 227,354 physical targets in the region. This is more than enough to fund the active households for RCCT and MCCT (1st quarter RCCT Active households - 206,086 and 2,361 Active households for the MCCT which totals to 208,447 active households) which means there will not be a need for additional funding. |
| | 1.10.1 Regular CCT | | 206,086 | | | | | 0 | | | | | | | |
| | 1.10.2. Modified CCT | | 2,361 | | | | | 0 | | | | | | | |
| 1.11 | Percentage of Pantawid Pamilya-related grievances resolved within established time protocol | | | | | | | | | | | | | | |
| | Total No. grievances received | | | | | | | | | | | | | Note: Per coordination of FO-NCR RPMO Pantawid with the CO-NPMO Pantawid, the indicator is already deleted in the HPMES indicators. | |
| | No. of Pantawid Pamilya-related grievances resolved within established time protocol | | | | | | | | | | | | | | |

| Strategy/ Program/ Sub-Program/ Performance Indicator | | UACS Code | Physical Targets | | | | | Physical Accomplishments | | Variance | Assessment of Variance | | | Reasons for Variance | Steering Measures |
|--|--|--------------|------------------|---------|---------|---------|---------|-----------------------------|------------------------|----------|---------------------------|-------|-------------------------|---|--|
| | | | Q1 | Q2 | Q3 | Q4 | Total | Q1 | Total | | Major | Minor | Full target Achieved | | |
| | | | | | | | | | | | | | | | |
| (1) | | | (2) | (3) | (4) | (5) | (6) | (7) | (13)=(7)+(8)+(10)+(11) | (14) | (15) | (16) | (17) | (18) | (19) |
| 1.12 | Percentage of re-assessed self-sufficient (Level 3) households with Transition Plan | | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | | | Administration of SWDI had just started due to the augmentation in the non-poor validation and the accomplishment and encoding of Set 12 households for registration. | Encoders and Regional Support System Staff were already assigned to the nine (9) Operations Offices for encoding of accomplished SWDI Tools. Once the reassessed self-sufficient households were reassessed as sustained self-sufficient, the transition plans will be facilitated by the case |
| | Number of re-assessed self-sufficient (Level 3) households | | | | | | | 0 | 0 | | | | | | |
| | Number of re-assessed self-sufficient (Level 3) households with Transition Plan | | | | | | | 0 | 0 | | | | | | |
| 1.13 | Number of household provided with program modalities | | | | | | | | | | | | | | |
| | Current Fund | | | | | | | | | | | | | | |
| 1.1.Total number of households who received seed capital fund and total number of households trained (Seed Capital Funds, Skills Training, and CBLA) | | | 68 | 710 | 1,713 | 1,778 | 4,269 | 68 | 68 | - | | | 0% | Full target achieved as of 1st Quarter CY 2023 | |
| a.1. | SLP Regular | | - | 523 | 601 | 912 | 2,036 | - | - | | | | | | |
| a.2. | SLP Referrals | | 68 | 100 | 432 | 422 | 1,022 | 68 | 68 | | | | | | |
| | EO 70 Implementation | | - | - | 14 | - | 14 | - | - | | | | | | |
| b. | Households/Former Rebels | | - | - | - | - | - | - | - | | | | | | |
| | Households in CVAs | | - | - | - | - | - | - | - | | | | | | |
| c. | Livelihood for Marawi IDPs | | - | - | - | - | - | - | - | | | | | | |
| d. | Zero Hunger Program | | - | 87 | 666 | 444 | 1,197 | - | - | | | | | | |
| | Expanded Project On EPAHP Resettlement Support (PERS) | | - | - | 100 | 100 | 200 | - | - | | | | | | |
| | Partnership For Sustainable Living Project (PSL) Project | | - | - | - | - | - | - | - | | | | | | |
| | Kabuhayan Integration, Business Initiatives, And Gainful Access To Networks (KAIBIGAN)-Fire Victims Project | | - | 87 | 466 | 144 | 697 | - | - | | | | | | |
| | Capacity Development For Farmers, People's Organizations And Households In Urban And Rural Communities Project | | - | - | 50 | 50 | 100 | - | - | | | | | | |
| | Urban Poor Project | | - | - | 50 | 150 | 200 | - | - | | | | | | |
| 1.2. Total number of households who received Employment Assistance Fund | | | | | | | - | - | - | - | | | | | |
| a. | SLP Regular/ Referrals | | | | | | - | - | - | | | | | | |
| b. | Enhanced Partnership Against Hunger and Poverty (EPAHP) | | | | | | - | - | - | | | | | | |
| | EO 70 Implementation | | | | | | - | - | - | | | | | | |
| | Households/Former Rebels | | | | | | - | - | - | | | | | | |
| c. | Households in CVAs | | | | | | - | - | - | | | | | | |
| d. | Livelihood for Marawi IDPs | | | | | | - | - | - | | | | | | |
| 1.14 | Total number of participants provided with livelihood assistance grants (LAG) | | | | | | - | - | - | - | | | | | |

QUARTERLY PHYSICAL REPORT OF OPERATIONS
As of 1st Quarter CY 2023

Department : Department of Social Welfare and Development
Agency : National Capital Region
Operating Unit : Policy Development and Planning Section
Organizational Code (UACS) : 20-001-03-00013

| | |
|---|-----------------------------|
| x | Current Year Appropriations |
| | Supplemental Appropriations |
| | Continuing Appropriations |
| | Off-Budget Account |


| Strategy/ Program/ Sub-Program/ Performance Indicator | UACS Code | Physical Targets | | | | | Physical Accomplishments | | Variance | Assessment of Variance | | | Reasons for Variance | Steering Measures |
|---|--------------|--|------|---------|---------|-----------|-----------------------------|------------------------|----------|---------------------------|-------|-------------------------|---|-------------------|
| | | Q1 | Q2 | Q3 | Q4 | Total | Q1 | Total | | Major | Minor | Full target Achieved | | |
| (1) | | (2) | (3) | (4) | (5) | (6) | (7) | (13)=(7)+(8)+(10)+(11) | (14) | (15) | (16) | (17) | (18) | (19) |
| Strategic Focus 2: Improve well-being of Beneficiaries and 4Ps households through strengthened social welfare system | | | | | | | | | | | | | | |
| ORGANIZATIONAL OUTCOME 1: WELLBEING OF POOR FAMILIES IMPROVED | | | | | | | | | | | | | | |
| OUTCOME INDICATOR | | | | | | | | | | | | | | |
| Continuing Fund | | | | | | | | | | | | | | |
| 1.6 Percentage of SLP Participants engaged in microenterprise | | 100% | 100% | #DIV/0! | #DIV/0! | 100% | 100.00% | 100.00% | 0.00% | | | 0% | Full target achieved as of 1st Quarter CY 2023. | |
| Total number of SLP participants are equipped to engage in a microenterprise | | 15 | 190 | - | - | 205 | 15 | 15 | | | | | | |
| a.1. SLP Regular | | - | - | - | - | - | - | - | | | | | | |
| a.2. SLP Referrals | | 15 | 93 | - | - | 108 | 15 | 15 | | | | | | |
| b. Enhanced Partnership Against Hunger and Poverty (EPAHP) | | - | 93 | - | - | 93 | - | - | | | | | | |
| c. EO 70 Implementation | | - | 4 | - | - | 4 | - | - | | | | | | |
| d. Livelihood for Marawi IDPs | | - | - | - | - | - | - | - | | | | | | |
| Total number of households who received seed capital fund, skills training, and CBLA | | 15 | 190 | - | - | 205 | 15 | 15 | | | | | | |
| 1.7 Percentage of SLP participants employed | | During the Social Preparation Stage, SLP participants are allowed to choose the track best suited for them | | | | NO TARGET | #DIV/0! | #DIV/0! | 0.00% | | | | | |
| Total number of SLP participants equipped to be employed | | | | | | | - | - | | | | | | |
| a. SLP Regular/Referrals | | | | | | | - | - | | | | | | |
| b. Enhanced Partnership Against Hunger and Poverty (EPAHP) | | | | | | | - | - | | | | | | |
| c. EO 70 Implementation | | | | | | | - | - | | | | | | |
| d. Livelihood for Marawi IDPs | | | | | | | - | - | | | | | | |
| Total number of households who received employment assistance | | | | | | | - | - | | | | | | |
| 1.8 Number of SLP participants with established or recovered enterprise, or are employed (LAG) | | During the Social Preparation Stage, SLP participants are allowed to choose the track best suited for them | | | | NO TARGET | 0 | 0 | 0.00% | | | | | |
| Microenterprise Development | | | | | | | - | - | | | | | | |
| Employment Facilitation | | | | | | | - | - | | | | | | |
| 1.9 Percentage of completed KC-NCDDP projects that have satisfactory or better sustainability evaluation rating | | Not applicable for FO-NCR. | | | | | | | | | | | | |

| Strategy/ Program/ Sub-Program/ Performance Indicator | UACS Code | Physical Targets | | | | | Physical Accomplishments | | Variance | Assessment of Variance | | | Reasons for Variance | Steering Measures |
|--|--|------------------|-----|-----|-----|-------|-----------------------------|------------------------|----------|---------------------------|-------|-------------------------|---|-------------------|
| | | Q1 | Q2 | Q3 | Q4 | Total | Q1 | Total | | | | | | |
| | | (2) | (3) | (4) | (5) | (6) | (7) | (13)=(7)+(8)+(10)+(11) | | Major | Minor | Full target Achieved | | |
| (1) | | (2) | (3) | (4) | (5) | (6) | (7) | (13)=(7)+(8)+(10)+(11) | (14) | (15) | (16) | (17) | (18) | (19) |
| OUTPUT INDICATORS | | | | | | | | | | | | | | |
| 1.13 | Number of household provided with program modalities | | | | | | | | | | | | | |
| | Continuing Fund | | | | | | | | | | | | | |
| 1.1. | Total number of households who received seed capital fund and total number of | 15 | 190 | - | - | 205 | 15 | 15 | - | | | 0% | Full target achieved as of 1st Quarter CY 2023. | |
| a.1. | SLP Regular | - | - | - | - | - | - | - | | | | | | |
| a.2. | SLP Referrals | 15 | 93 | - | - | 108 | 15 | 15 | | | | | | |
| b. | EO 70 Implementation | - | 4 | - | - | 4 | - | - | | | | | | |
| | Households/Formers Rebels | - | - | - | - | - | - | - | | | | | | |
| | Households in CVAs | - | - | - | - | - | - | - | | | | | | |
| c. | Enhanced Partnership Against Hunger and Poverty (EPAHP) | - | 93 | - | | 93 | - | - | | | | | | |
| d. | Livelihood for Marawi IDPs | - | - | - | - | | - | - | | | | | | |
| 1.2. | Total number of households who received Employment Assistance Fund | | | | | - | - | - | - | | | | | |
| a. | SLP Regular/ Referrals | | | | | - | - | - | | | | | | |
| b. | Enhanced Partnership Against Hunger and Poverty (EPAHP) | | | | | - | - | - | | | | | | |
| | EO 70 Implementation | | | | | - | - | - | | | | | | |
| | Households/Formers Rebels | | | | | - | - | - | | | | | | |
| c. | Households in CVAs | | | | | - | - | - | | | | | | |
| d. | Livelihood for Marawi IDPs | | | | | - | - | - | | | | | | |
| 1.14 | Total number of participants provided with livelihood assistance grants (LAG) | | | | | - | - | - | - | | | | | |
| 1.15 | Total number of participants who received complementary livelihood recovery services from partners by SLP LAG Implementation | | | | | - | - | - | | | | | | |
| | Number of SLP projects with livelihood assets built, rehabilitated and/or protected | | | | | | - | | | | | | | |

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As of 1st Quarter CY 2023

Department : Department of Social Welfare and Development
 Agency : National Capital Region
 Operating Unit : Policy Development and Planning Section
 Organizational Code (UACS) : 20-001-03-00013

| | |
|---|-----------------------------|
| x | Current Year Appropriations |
| | Supplemental Appropriations |
| | Continuing Appropriations |
| | Off-Budget Account |

| Strategy/ Program/ Sub-Program/ Performance Indicator | UACS Code | Physical Targets | | | | | Physical Accomplishments | | | | | | | Variance | Assessment of Variance | | | Reasons for Variance | Steering Measures |
|--|--|------------------|---|--------|--------|--------|--------------------------|--------|--------|--------|--------|--------|---------------|----------|---------------------------|-------------------------|---|--|-------------------|
| | | Q1 | Q2 | Q3 | Q4 | Total | Q1 | | | Total | | | | | | | | | |
| | | | | | | | M | F | T | M | F | T | | | | | | | |
| (1) | | (2) | (3) | (4) | (5) | (6) | (7) | | | | | (13) | (14)=(13)-(6) | Major | Minor | Full target Achieved | (13) | (19) | |
| Strategic Focus 2: Improve well-being of Beneficiaries and 4Ps households through strengthened social welfare system | | | | | | | | | | | | | | | | | | | |
| ORGANIZATIONAL OUTCOME 2: RIGHTS OF THE POOR AND THE VULNERABLE SECTORS PROMOTED AND PROTECTED | | | | | | | | | | | | | | | | | | | |
| RESIDENTIAL AND NON-RESIDENTIAL CARE SUB-PROGRAM | | | | | | | | | | | | | | | | | | | |
| OUTCOME INDICATOR | | | | | | | | | | | | | | | | | | | |
| 1 | Percentage of clients in residential and non-residential care facilities rehabilitated | | 9.05% | 12.17% | 14.95% | 18.23% | 18.23% | 16.99% | 21.86% | 19.72% | 16.99% | 21.86% | 19.72% | 10.67% | 118% | | | | |
| | No. of Clients Rehabilitated | | 174 | 264 | 368 | 545 | 545 | 166 | 273 | 439 | 166 | 273 | 439 | 265 | | | | | |
| | Residential Care Facilities | | 152 | 229 | 321 | 486 | 486 | 147 | 217 | 364 | 147 | 217 | 364 | 212 | | | | | |
| | RSCC | | 6 | 13 | 20 | 27 | 27 | 11 | 10 | 21 | 11 | 10 | 21 | 15 | 250% | | Those children who did not reached the level 3 rehabilitation were newly admitted cases of the Center from January tp March 2023 while one (1) case was from carry over cases from CY 2022 which was categorized as children with special needs. | The members of the rehabilitation team continously work together to provide appropriate intervention/s to children. | |
| | Haven for Children | |  | 9 | 18 | 27 | 36 | 36 | 10 | 0 | 10 | 10 | 0 | 10 | 1 | 7% | The rehabilitated clients is a product of concerted efforts of the Multi-disciplinary team members who works together to provide the basic services of every child inside the facility with observance to the four emerging rights of the child: Survival, Protection, Participation and Development. | Continous provision of both therapeutic and rehabilitated services through multi-disciplinary approach. The continuous provision of case management practices utilizing the Modified Social Stress Model (MSSM), counselling and group work session, morning meeting, outdoor activities like Angola Capoeira, leadership training etc help the children to improve their social functioning as preparation for family reintegration and/or independent living . | |
| | Nayon ng Kabataan | | 21 | 26 | 30 | 44 | 44 | 25 | 18 | 43 | 25 | 18 | 43 | 22 | 89% | | Target achieved as of 1st Quarter CY 2023. | | |
| | Haven for Women | | 7 | 14 | 21 | 28 | 28 | 0 | 14 | 14 | 0 | 14 | 14 | 7 | 67% | | Target achieved as of 1st Quarter CY 2023. | Coordination with the LSWDOs for the conduct of virtual case conferences to facilitate reintegration of clients to their families. Court coordination for the request for reintegration of client to family. | |

| Strategy/ Program/ Sub-Program/ Performance Indicator | | UACS Code | Physical Targets | | | | | Physical Accomplishments | | | | | | Variance | Assessment of Variance | | | Reasons for Variance | Steering Measures |
|--|---------------------------------|--------------|------------------|-----|-----|-----|-------|--------------------------|----|-----|-------|----|------|---------------|---------------------------|-------|-------------------------|---|--|
| | | | Q1 | Q2 | Q3 | Q4 | Total | Q1 | | | Total | | | | | | | | |
| | | | | | | | | M | F | T | M | F | T | | | | | | |
| (1) | | | (2) | (3) | (4) | (5) | (6) | (7) | | | | | (13) | (14)=(13)-(6) | Major | Minor | Full target Achieved | (13) | (19) |
| | Marillac Hills | | 15 | 30 | 45 | 60 | 60 | 0 | 17 | 17 | 0 | 17 | 17 | 2 | | 13% | | Necessary interventions were provided to address the residents' needs and meet the rehabilitation goal. The activities, the psychoeducation provided during the first quarter as well as the constant provision of employable skills training have helped the residents to increase their interest and willingness to be equipped and be knowledgeable that assisted them to attain their rehabilitation through training and therapeutic intervention. | Sustain the conduct of regular rehabilitation team meetings, case conference with partner agencies and continue the provision of necessary interventions that will help the residents attain the rehabilitation goals. |
| | Elsie Gaches Village | | 8 | 16 | 24 | 32 | 32 | 5 | 4 | 9 | 5 | 4 | 9 | 1 | | 14% | | Target rehabilitation was achieved as of 1st Quarter CY 2023. Residents were able to participate in different activities inside and outside the Center provided by the staff and sponsored by visitors and donors. | Continuous provision of therapeutic inteventions that could develop and enhance the full potentials of residents. |
| | Sanctuary Center | | 2 | 4 | 7 | 10 | 10 | 0 | 78 | 78 | 0 | 78 | 78 | 76 | 3800% | | | Based on the revised Rehabilitation Indicator Tool of the Center, fifty-six (56) clients have maintained their Level 3 or optimal functioning while twenty-two (22) have attained Level 3 for the 1st Quarter. The remaining one hundred eleven (111) clients are still on process of attaining the rehabilitation level and lessen the occurence of relapses by providing coordinated interventions of the rehabilitation team members. | Sustaining the Level 3 or optimal functioning of the clients while continuous rehabilitation interventions are given to other residents particularly those with frequent relapses and behavioral concerns. |
| | Jose Fabella Center | | 75 | 90 | 120 | 213 | 213 | 65 | 51 | 116 | 65 | 51 | 116 | 41 | 34% | | | Target achieved as of 1st Quarter CY 2023. There are more residents who were reintegrated to their family and some were job placed. | To continue the conduct of rehabilitation team meetings on a regular basis and to continue home conductions and reintegration of residents to their family. |
| | GRACES | | 3 | 5 | 7 | 9 | 9 | 3 | 2 | 5 | 3 | 2 | 5 | 2 | 52% | | | Clients who are rehabilitated regardless of the level were monitored by the Allied Services and ensuring the programs and services are properly implemented. | Continuous communication and follow-ups with the LGUs for possible reintegration to family. Transfer to other centers are also considered as a steerig measure. |
| | IACAT TIP Center | | 6 | 13 | 20 | 27 | 27 | 28 | 23 | 51 | 28 | 23 | 51 | 45 | 97% | | | Target achieved as of 1st Quarter CY 2023. | Collaboration with LEA and other protective center facilities for facilitation of survivors transfer while case file in ongoing and further case management. |
| | Non-Residential Care Facilities | | 22 | 35 | 47 | 59 | 59 | 19 | 56 | 75 | 19 | 56 | 75 | 53 | | | | | |
| | RSW | | 2 | 4 | 5 | 6 | 6 | 7 | 0 | 7 | 7 | 0 | 7 | 5 | 250% | | | Target achieved as of 1st Quarter CY 2023. | |
| | NVRC | | 10 | 11 | 12 | 13 | 13 | 8 | 18 | 26 | 8 | 18 | 26 | 16 | 166% | | | The number of projected rehabilitated from the carryover cases is greater than the prescribed percentage in the OPC. | To increase target percentage to at least 10% of NVRC rehabilitated trainees. |

| Strategy/ Program/ Sub-Program/ Performance Indicator | | UACS Code | Physical Targets | | | | | Physical Accomplishments | | | | | | Variance | Assessment of Variance | | | Reasons for Variance | Steering Measures |
|--|-----------------------------|--------------|------------------|-------|-------|-------|-------|--------------------------|-------|-------|-------|-------|-------|---------------|---------------------------|-------|-------------------------|--|--|
| | | | Q1 | Q2 | Q3 | Q4 | Total | Q1 | | | Total | | | | | | | | |
| | | | | | | | | M | F | T | M | F | T | | | | | | |
| (1) | | | (2) | (3) | (4) | (5) | (6) | (7) | | | | | (13) | (14)=(13)-(6) | Major | Minor | Full target Achieved | (13) | (19) |
| | INA Healing Center | | 10 | 20 | 30 | 40 | 40 | 4 | 38 | 42 | 4 | 38 | 42 | 32 | -48% | | | Continue the provision of psychosocial support activities to clients who are targeted to recover in the 1st and 2nd of Semester CY 2023. | To observe the rehabilitation days of clients by the social workers. Appropriate Case management interventions must be ensure by Social Workers and psychologist. Conduct a regular Rehabilitation Team Meeting and Case Conference with other professionals for close monitoring of cases. |
| OUTPUT INDICATORS: | | | | | | | | | | | | | | | | | | | |
| 2 | Number of Clients Served | | 1,922 | 2,169 | 2,461 | 2,989 | 2,989 | 977 | 1,249 | 2,226 | 977 | 1,249 | 2,226 | 304 | | | | | |
| | Residential Care Facilities | | 1,601 | 1,795 | 2,036 | 2,513 | 2,513 | 826 | 912 | 1,738 | 826 | 912 | 1,738 | 137 | | | | | |
| | RSCC | | 27 | 48 | 69 | 90 | 90 | 14 | 13 | 27 | 14 | 13 | 27 | 0 | 0% | | | Target achieved as of 1st Quarter CY 2023. | |
| | Haven for Children | | 72 | 88 | 104 | 120 | 120 | 75 | 0 | 75 | 75 | 0 | 75 | 3 | 4% | | | Social Workers circulated Notice of Admission to DSWD offices within the National Capital Region and the nearby provinces of CALABARZON. Hence, the Center has a total new admission of 26 clients from City Social Welfare and Development Offices of Las Piñas, Muntinlupa City and Pasig. | Close coordination with C/MSWDOs of NCR and nearby provinces of CALABARZON that has a massive number of street childrens who needs an intensive case management along their physical, emotional, psychological and social fuctionioning that fall under the category of the Center. |
| | Nayon ng Kabataan | | 70 | 85 | 100 | 145 | 145 | 52 | 24 | 76 | 52 | 24 | 76 | 6 | | 9% | | Target achieved as of 1st Quarter CY 2023. | Close coordination with different CSWD, NGO to increase the admission in the Center. |
| | Haven for Women | | 55 | 66 | 78 | 90 | 90 | 13 | 53 | 66 | 13 | 53 | 66 | 11 | | 20% | | Referral of 22 cases from DSWD-NCR CBSS, IACAT-TIP Center, CSWDO Las Pinas, Bahay Kalinga Valenzuela, CSWDO Taguig which helped the Center achieved the target as of 1st Quarter CY 2023. | |
| | Marillac Hills | | 127 | 150 | 173 | 195 | 195 | 0 | 127 | 127 | 0 | 127 | 127 | 0 | | 0% | | Target achieved as of 1st Quarter CY 2023. | To sustain the immediate response and admission of the referrals that falls under the category of Marillac Hills. |
| | Elsie Gaches Village | | 649 | 661 | 673 | 685 | 685 | 357 | 284 | 641 | 357 | 284 | 641 | -8 | | -1% | | EGV was not able to achieve the target for this Quarter due to the over bed capacity and lack of cottages for the new admission of the Center. The EGV requested to lower the target for this year, however, was not granted. | There is a need to lower the target to passed the Level 1 accreditation of the center to meet the standards ratio for the staff and residents. Hence, The Center to submit mid-check on April 2023 to lower the target. However, dmission of clients in the Center is still ongoing. |

| Strategy/ Program/ Sub-Program/ Performance Indicator | | UACS Code | Physical Targets | | | | | Physical Accomplishments | | | | | | Variance | Assessment of Variance | | | Reasons for Variance | Steering Measures |
|---|---------------------------------|-----------|------------------|-----|-----|-----|-------|--------------------------|-----|-----|-------|-----|------|---------------|------------------------|-------|----------------------|--|---|
| | | | Q1 | Q2 | Q3 | Q4 | Total | Q1 | | | Total | | | | | | | | |
| | | | | | | | | M | F | T | M | F | T | | | | | | |
| (1) | | | (2) | (3) | (4) | (5) | (6) | (7) | | | | | (13) | (14)=(13)-(6) | Major | Minor | Full target Achieved | (13) | (19) |
| | Sanctuary Center | | 189 | 193 | 197 | 200 | 200 | 0 | 189 | 189 | 0 | 189 | 189 | 0 | | 0% | | The Center exceeded its bed capacity of 100 clients as of 1st Quarter CY 2023. Most of the clients are still in the Center for custodial care and eventual discharge for independent living upon assessment of the rehabilitation team members. Further, elderly residents will be transferred to GRACES within 2nd Quarter CY 2023. | Referrals from other LGUs are put on hold as the Center exceeded its bed capacity. This is also to ensure compliance with the standard requirements for physical structure of the Center. |
| | Jose Fabella Center | | 250 | 300 | 400 | 708 | 708 | 216 | 72 | 288 | 216 | 72 | 288 | 38 | | 15% | | Target achieved as of 1st Quarter CY 2023. Continue to increase the number of admission to meet the over all target for the year 2023. | Strengthen the Center's coordinationa and partnership with the 17 LGUs and other offices for possible referral and admission to the center. |
| | GRACES | | 140 | 160 | 175 | 190 | 190 | 56 | 98 | 154 | 56 | 98 | 154 | 14 | 10% | | | There are still pending admission who were already subjected to Pre-Admission Conference awaiting for the compliance based on the recommendation of the GRACES Management. | Closely coordinate the concern referring party to ensure the admission of client on time. |
| | IACAT TIP Center | | 22 | 44 | 67 | 90 | 90 | 43 | 52 | 95 | 43 | 52 | 95 | 73 | 332% | | | Target achieved as of 1st Quarter CY 2023 due to the series of rescue operations conducted by the Law Enforment Agencies. | Social Workers collaborated to protected center facilities (NK, MH, HW) and NGO's served Human Trafficking survivors Good Shephred, born to be grace, Hospicio de San Jose) for Foreign National coordinated to INGO's for repatriation. |
| | Non-Residential Care Facilities | | 321 | 374 | 425 | 476 | 476 | 151 | 337 | 488 | 151 | 337 | 488 | 167 | | | | | |
| | RSW | | 105 | 108 | 109 | 110 | 110 | 60 | 45 | 105 | 60 | 45 | 105 | 0 | | 0% | | Target achieved as of 1st Quarter CY 2023. | Coordinate with partner stakeholders for interested PWD clients who are seeking skills enhancement or development as alternate for the limited sheltered work in the center. |
| | NVRC | | 192 | 218 | 244 | 270 | 270 | 79 | 109 | 188 | 79 | 109 | 188 | -4 | | -2% | | There are potential trainees for admission in the 1st Quarter CY 2023 initially assessed by the SWO who have not yet complied with admission requirements. | Those initially assessed for 1st Quarter CY 2023 who have not yet complied with the requirement shall be admitted in the 2nd Quarter CY 2023. Collaborated with the Department of National Defense (DND) for the accommodation of Soldiers With Disability trainees, and with the Lovelife, Inc. for the admission of large number of persons with disabilities for a new course (digital content creation, digital video editing and live musical, hosting and vlogging). |

| Strategy/ Program/ Sub-Program/ Performance Indicator | | UACS Code | Physical Targets | | | | | Physical Accomplishments | | | | | | Variance | Assessment of Variance | | | Reasons for Variance | Steering Measures |
|--|---|--------------|------------------|-----------------------|--------|--------|--------|--------------------------|-------------------|-----|-------|-------------------|------|---------------|---------------------------|-------|-------------------------|--|---|
| | | | Q1 | Q2 | Q3 | Q4 | Total | Q1 | | | Total | | | | | | | | |
| | | | | | | | | M | F | T | M | F | T | | | | | | |
| (1) | | | (2) | (3) | (4) | (5) | (6) | (7) | | | | | (13) | (14)=(13)-(6) | Major | Minor | Full target Achieved | (13) | (19) |
| | INA Healing Center | | 24 | 48 | 72 | 96 | 96 | 12 | 183 | 195 | 12 | 183 | 195 | 171 | | 713% | | Majority of the actual number of clients served in the Center are carry over cases from CY 2022. To reconcile the data of the physical target versus the accomplishments, the IHC's will request for the recalibration of the target during the CPC Mid-check on May 2023. | Intensification of partnership with LGUs and other agencies in the implementation/replication of healing and grief management to reach out more bereaved mothers and other family members in the community. Sustain the participation of Grief Watch Volunteer and Peer Support Mentor as support system in the community through Quarterly Consultation Dialogue. |
| 3 | ALOS of clients in residential facilities | | | | | | | | | | | | | | | | | | |
| | Admission Based | | | | | | | | | | | | | | | | | | |
| | RSCC | | | | | | | | 1,225.00 | | | 1,225.00 | | | | | | | |
| | Haven for Children | | | | | | | | 291.05 | | | 291.05 | | | | | | | |
| | Nayon ng Kabataan | | | | | | | | 461.00 | | | 461.00 | | | | | | | |
| | Haven for Women | | | | | | | | 198.20 | | | 198.20 | | | | | | | |
| | Marillac Hills | | | | | | | | 971.00 | | | 971.00 | | | | | | | |
| | Elsie Gaches Village | | | | | | | | 19,160.00 | | | 19,160.00 | | | | | | | |
| | Sanctuary Center | | | | | | | | 8,443.00 | | | 8,443.00 | | | | | | | |
| | Jose Fabella Center | | | | | | | | 1,236.00 | | | 1,236.00 | | | | | | | |
| | GRACES | | | | | | | | 1,920.00 | | | 1,920.00 | | | | | | | |
| | IACAT TIP Center | | | | | | | | 95.00 | | | 95.00 | | | | | | | |
| | RSW | | | | | | | | 0.00 | | | 0.00 | | | | | | | |
| | NVRC | | | | | | | | 310.50 | | | 310.50 | | | | | | | |
| | INA Healing Center | | | | | | | | 12,464.00 | | | 12,464.00 | | | | | | | |
| | Discharged Based | | | | | | | | | | | | | | | | | | |
| | RSCC | | | | | | | | 1,033.00 | | | 1,033.00 | | | | | | | |
| | Haven for Children | | | | | | | | 9.33 | | | 9.33 | | | | | | | |
| | Nayon ng Kabataan | | | | | | | | 508.00 | | | 508.00 | | | | | | | |
| | Haven for Women | | | | | | | | 521.60 | | | 521.60 | | | | | | | |
| | Marillac Hills | | | | | | | | 494.00 | | | 494.00 | | | | | | | |
| | Elsie Gaches Village | | | | | | | | 8,841.33 | | | 8,841.33 | | | | | | | |
| | Sanctuary Center | | | | | | | | 2,807.00 | | | 2,807.00 | | | | | | | |
| | Jose Fabella Center | | | | | | | | 98.00 | | | 98.00 | | | | | | | |
| | GRACES | | | | | | | | 685.00 | | | 685.00 | | | | | | | |
| | IACAT TIP Center | | | | | | | | 88.00 | | | 88.00 | | | | | | | |
| | RSW | | | | | | | | 2,683.00 | | | 2,683.00 | | | | | | | |
| | NVRC | | | | | | | | 167.61 | | | 167.61 | | | | | | | |
| | INA Healing Center | | | | | | | | 541.71 | | | 541.71 | | | | | | | |
| 4 | Percentage of facilities with standard client-social worker ratio | | 69.23% | 69.23% | 69.23% | 69.23% | 69.23% | | 30.77% | | | 30.77% | | -55.56% | -80% | | | | |
| | Number of Facilities with Standard Client-Social Worker Ratio | | 9 | 9 | 9 | 9 | 9 | | 4 | | | 4 | | -5 | -56% | | | | |
| | FONCR (12 facilities) | | | | | | | | | | | | | | | | | | |
| | RSCC | | | 25:1 AO 15 s. 2012 | | 25:1 | | | 15:1 COMPLIANT | | | 15:1 COMPLIANT | | | | | | Compliant to the client social worker ratio as of 1st Quarter CY 2023. | |

| Strategy/ Program/ Sub-Program/ Performance Indicator | | UACS Code | Physical Targets | | | | | Physical Accomplishments | | | | | | Variance | Assessment of Variance | | | Reasons for Variance | Steering Measures |
|--|---|--------------|------------------------|--------|--------|--------|--------|--|---|---|--|---|------|---------------|---------------------------|-------|-------------------------|---|--|
| | | | Q1 | Q2 | Q3 | Q4 | Total | Q1 | | | Total | | | | | | | | |
| | | | | | | | | M | F | T | M | F | T | | | | | | |
| (1) | | | (2) | (3) | (4) | (5) | (6) | (7) | | | | | (13) | (14)=(13)-(6) | Major | Minor | Full target Achieved | (13) | (19) |
| | Haven for Children | | 20:1 AO 15 s. 2012 | | | | 20:1 | 16:1 NOT COMPLIANT | | | 16:1 NOT COMPLIANT | | | | | | | Limited number of referrals and admission from different C/MSWDO in NCR and nearby provinces of CALABARZON. | Close coordination with different agencies both private and government to facilitate referrals of residents under the category of the Center. |
| | Nayon ng Kabataan | | 20:1 AO 15 s. 2012 | | | | 20:1 | 11:1 COMPLIANT | | | 11:1 COMPLIANT | | | | | | | Compliant to the client social worker ratio as of 1st Quarter CY 2023. Cases are distributed equally to the social workers. | Continuous coordination with C/MSWDOs, partner NGAs and NGOs through the conduct of case conferences and advocacy on NK programs and services. |
| | Haven for Women | | 15:1 AO 15 s. 2012 | | | | 15:1 | 22:1 COMPLIANT | | | 22:1 COMPLIANT | | | | | | | Compliant to the client social worker ratio as of 1st Quarter CY 2023. | |
| | Marillac Hills | | 15:1 AO 15 s. 2012 | | | | 15:1 | 16:1 (SE/SA) 13:1 (CICL) NOT COMPLIANT | | | 16:1 (SE/SA) 13:1 (CICL) NOT COMPLIANT | | | | | | | The client-social worker is under ratio due to the limited number of referrals and admissions for the 1st Quarter CY 2023. | Sustain immediate response to the referrals from different partner agencies. Pre-admission conference were being conducted for further assessment of the case. |
| | Elsie Gaches Village | | 25:1 AO 15 s. 2012 | | | | 25:1 | 58:1 NOT COMPLIANT | | | 58:1 NOT COMPLIANT | | | | | | | The Center has no medical doctor to immediately attend to the residents medical concerns. | Immediate fill-up of vacant/unfilled positions to augment to the lack of manpower/workforce enabling the Center carry-out programs and services more efficiently and effectively to the clientele. |
| | Sanctuary Center | | 25:1 AO 15 s. 2012 | | | | 25:1 | 27:1 NOT COMPLIANT | | | 27:1 NOT COMPLIANT | | | | | | | | Fast track request for hiring of social workers. It is already posted and in the process of recruiting. |
| | Jose Fabella Center | | 25:1 AO 15 s. 2012 | | | | 25:1 | 22:1 COMPLIANT | | | 22:1 COMPLIANT | | | | | | | Compliant to the client social worker ratio as of 1st Quarter CY 2023. | |
| | GRACES | | 25:1 AO 15 s. 2012 | | | | 25:1 | 40:1 NOT COMPLIANT | | | 40:1 NOT COMPLIANT | | | | | | | The Center is not compliant to the standard ratio as per findings of the NIC. | There are staff from the Field Office who are reassigned to GRACES and has an ongoing filling-up of the vacant position. |
| | IACAT TIP Center | | 15:1 AO 15 s. 2012 | | | | 15:1 | 31:1 NOT COMPLIANT | | | 31:1 NOT COMPLIANT | | | | | | | TIP Center has only three (3) social workers who cater to all survivors. Hence, to facilitate urgency, staff render overtime and weekend. | Hiring for additional 17 staffs will supplement the limited manpower. |
| | RSW | | 100:1 MC 17 s. 2018 | | | | 100:1 | 52:1 NON COMPLIANT | | | 52:1 NON COMPLIANT | | | | | | | | |
| | NVRC | | 23:1 MC 17 s. 2018 | | | | 23:1 | 31:1 NOT COMPLIANT | | | 31:1 NOT COMPLIANT | | | | | | | Increasing trend in the number of clients served by the center every year versus only five (5) existing (constant) Social Workers throughout the years. | Requested two (2) additional Social Workers from the ARS and Marillac Hills, respectively. SWO II from ARS already reported to NVRC. Included additional eight (8) SWO II position for creation in the workforce planning to comply with maintaining Level 3 accreditation ratio of 23:1. |
| | INA Healing Center | | 100:1 MC 17 s. 2018 | | | | 100:1 | 95:1 NOT COMPLIANT | | | 95:1 NOT COMPLIANT | | | | | | | | Fast track the hiring of the three (3) Social Welfare Officers II. |
| 4 | Percentage of facilities with standard client-houseparent ratio | | 77.78% | 77.78% | 77.78% | 77.78% | 77.78% | 44.44% | | | 44.44% | | | -42.86% | -55% | | | | |

| Strategy/ Program/ Sub-Program/ Performance Indicator | | UACS Code | Physical Targets | | | | | Physical Accomplishments | | | | | | Variance | Assessment of Variance | | | Reasons for Variance | Steering Measures | |
|--|---|--------------|--|-----|-----|-----|---------------------|--|---|---|--|---|------|---------------|---------------------------|-------|-------------------------|--|---|--|
| | | | Q1 | Q2 | Q3 | Q4 | Total | Q1 | | | Total | | | | | | | | | |
| | | | | | | | | M | F | T | M | F | T | | | | | | | |
| (1) | | | (2) | (3) | (4) | (5) | (6) | (7) | | | | | (13) | (14)=(13)-(6) | Major | Minor | Full target Achieved | (13) | (19) | |
| 5 | Number of Facilities with Standard Client-Houseparent Ratio | | 7 | 7 | 7 | 7 | 7 | 4 | | | 4 | | | -3 | -43% | | | | | |
| | FONCR (9 facilities) | | | | | | | | | | | | | | | | | | | |
| | RSCC | | 5:1 (Infant) 10:1 (Toddler) 15:1 (Older children) AO 15 s. 2012 | | | | 5:1 10:1 15:1 | 5:1 (Infant) 10:1 (Toddler) 15:1 (Older children) COMPLIANT | | | 5:1 (Infant) 10:1 (Toddler) 15:1 (Older children) COMPLIANT | | | | | | | Compliant to the client houseparent worker ratio as of 1st Quarter CY 2023. | Note: The Center assigned some of the HPs to act as escort of the children in going back and forth from RSCC to school. | |
| | Haven for Children | | 15:1 AO 15 s. 2012 | | | | 15:1 | 3:1 NOT COMPLIANT | | | 3:1 NOT COMPLIANT | | | | | | | Some cases did not fall into client category of the Center and referral system was taken place for the best welfare of the client. | Close coordination with different agencies both private and government to facilitate referrals of residents under the category of the Center. | |
| | Nayon ng Kabataan | | 15:1 AO 15 s. 2012 | | | | 15:1 | 9:1 COMPLIANT | | | 9:1 COMPLIANT | | | | | | | Compliant to the client social houseparent ratio as of 1st Quarter CY 2023. | Assignment of HPs are based on the age categories and number of children in the cottage. | |
| | Haven for Women | | 20:1 AO 15 s. 2012 | | | | 20:1 | 5:1 COMPLIANT | | | 5:1 COMPLIANT | | | | | | | Compliant to the client social houseparent ratio as of 1st Quarter CY 2023. | | |
| | Marillac Hills | | 20:1 AO 15 s. 2012 | | | | 20:1 | 9:1 (SA) 16:1 (SE) 18:1 (CICL) NOT COMPLIANT | | | 9:1 (SA) 16:1 (SE) 18:1 (CICL) NOT COMPLIANT | | | | | | | The client-houseparent is under ratio due to the limited number of admissions for the 1st Quarter of CY 2023. | To fill-up the following houseparent positions that is necessary in managing residents with challenging behaviors: 2 HP 1 Contractual 1 HP 1 Regular 1 HP III Regular 1 HP 2 COS | |
| | Elsie Gaches Village | | 5:1 (Profound) / 15:1 (Other categories) AO 15 s. 2012 | | | | 5:1 15:1 | 58:1 NOT COMPLIANT | | | 58:1 NOT COMPLIANT | | | | | | | There are 14 vacant houseparent positions who are yet to be hired. | Immediate fill-up of 14 vacant houseparent positions to augment to the lack of manpower/workforce enabling the Center carry-out programs and services more efficiently and effectively to the clientele. | |
| | Sanctuary Center | | 15:1 AO 15 s. 2012 | | | | 15:1 | 60:1 NOT COMPLIANT | | | 60:1 NOT COMPLIANT | | | | | | | There will be an additional seven (7) houseparents in the Center who were already interviewed and waiting for the results of hiring process. While, the new 12-hour shift will be implemented with 2 HPs on-duty per dorm to meet the standard houseparent and client ratio per recommendations of the Standards Bureau. | The Center will request additional four (4) houseparents who will be assign in the Dorm 3, once inspected and certified to be safe by the FO's Architect. This is also in compliance with the accreditation requirements. | |
| | Jose Fabella Center | | 30:1 AO 15 s. 2012 | | | | 30:1 | 21:1 COMPLIANT | | | 21:1 COMPLIANT | | | | | | | Compliant to the client social houseparent ratio as of 1st Quarter CY 2023. | | |
| | GRACES | | 10:1 AO 15 s. 2012 | | | | 10:1 | 30:1 (Ambulatory) 17:1 (Bedridden) NOT COMPLIANT | | | 30:1 (Ambulatory) 17:1 (Bedridden) NOT COMPLIANT | | | | | | | The Center is not compliant to the standard ratio as per findings of the NIC. | There are already hired staff both MOA and Contractual to be assigned to the Center. | |
| | IACAT TIP Center | | | | | | | N/A | | | N/A | | | | | | | No houseparent yet at the Center. However, there are seven (7) HP II positions are expected to the on board by 2nd Quarter CY 2023. | The Intelligent Agent Staffs DOJ rendered 24/7 duties to ensure safety of survivors and monitor their survivors activity. | |

| Strategy/ Program/ Sub-Program/ Performance Indicator | | UACS Code | Physical Targets | | | | | Physical Accomplishments | | | | | | Variance | Assessment of Variance | | | Reasons for Variance | Steering Measures |
|--|---|--------------|------------------|-----------|-----------|-----------|-----------|--------------------------|--------|---------|---------|---------|---------|---------------|---------------------------|-------|-------------------------|--|-------------------|
| | | | Q1 | Q2 | Q3 | Q4 | Total | Q1 | | | Total | | | | | | | | |
| | | | | | | | | M | F | T | M | F | T | | | | | | |
| (1) | | | (2) | (3) | (4) | (5) | (6) | (7) | | | | F | (13) | (14)=(13)-(6) | Major | Minor | Full target Achieved | (13) | (19) |
| | RSW | | | | | | | N/A | | | N/A | | | | | | | | |
| | NVRC | | | | | | | N/A | | | N/A | | | | | | | | |
| | INA Healing Center | | | | | | | N/A | | | N/A | | | | | | | | |
| | Supplementary Feeding Sub-Program | | | | | | | | | | | | | | | | | | |
| | Outcome Indicators | | | | | | | | | | | | | | | | | | |
| 7 | Percentage of malnourished children in CDCs and SNPs with improved nutritional status | | 81.00% | 81.00% | 81.00% | 81.00% | 81.00% | 0.00% | 0.00% | 0.00% | #DIV/0! | #DIV/0! | #DIV/0! | -81.00% | -100% | | | No report yet. Feeding Program is still on going and will be completed on May 2023. | |
| | Number of Malnourished Children before feeding sessions | | - | - | - | - | - | 4,691 | 4,851 | 9,542 | | | - | | | | | | |
| 8 | Number of Malnourished Children with improved nutritional status (After feeding session) | | 81% | 81% | 81% | 81% | 81% | - | - | - | - | - | - | | | | | | |
| | a. Severely underweight to Underweight | | 81% | 81% | 81% | 81% | 81% | | | - | - | - | - | | | | | No report yet. Feeding Program is still on going and will be completed on May 2023. | |
| | b. Underweight to Normal | | 81% | 81% | 81% | 81% | 81% | | | - | - | - | - | | | | | | |
| | c. Overweight to Normal | | NO TARGET | NO TARGET | NO TARGET | NO TARGET | NO TARGET | | | - | - | - | - | | | | | | |
| 9 | Percentage of children in CDCs and SNPs with sustained normal nutritional status (over total children served) | | NO TARGET | NO TARGET | NO TARGET | NO TARGET | NO TARGET | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0% | | | | | |
| | a. Number of children in CDCs and SNPs with normal nutritional status (Upon weigh-in, before feeding) | | - | - | - | - | - | 58,042 | 61,357 | 119,399 | 58,042 | 61,357 | 119,399 | | | | | Out of 132,634 children beneficiaries, 119,399 are in normal nutritional status before the start of the feeding program. | |
| | b. Number of children in CDCs and SNPs with sustained normal nutritional status (After feeding) | | NO TARGET | NO TARGET | NO TARGET | NO TARGET | NO TARGET | - | - | - | - | - | - | | | | | No report yet. Feeding Program is still on going and will be completed on May 2023. | |

| Strategy/ Program/ Sub-Program/ Performance Indicator | | UACS Code | Physical Targets | | | | | Physical Accomplishments | | | | | | Variance | Assessment of Variance | | | Reasons for Variance | Steering Measures |
|--|--|--------------|------------------|---------|--------|--------|---------|--------------------------|--------|---------|--------|--------|---------|---------------|---------------------------|-------|-------------------------|--|---|
| | | | Q1 | Q2 | Q3 | Q4 | Total | Q1 | | | Total | | | | | | | | |
| | | | | | | | | M | F | T | M | F | T | | | | | | |
| (1) | | | (2) | (3) | (4) | (5) | (6) | (7) | | | | | (13) | (14)=(13)-(6) | Major | Minor | Full target Achieved | (13) | (19) |
| | Output Indicators | | | | | | | | | | | | | | | | | | |
| 10 | Number of children in CDCs and SNPs provided with supplementary feeding | | 132,634 | 132,634 | 82,545 | 82,545 | 215,179 | 64,753 | 67,881 | 132,634 | 64,753 | 67,881 | 132,634 | - | | | 0% | From the total target beneficiaries in NCR, seventeen (17) LGUs have already implemented the SFP wherein 132,634 were provided with HOT MEALS, RIMO and Nutribun which started only in December 2022. | LGUs are encourage to conduct twice a day feeding to fast track the implementation and to complete the 120 feeding days before end of May 2023. |
| | a. 12th Cycle | | 132,634 | 132,634 | - | - | 132,634 | 64,753 | 67,881 | 132,634 | 64,753 | 67,881 | 132,634 | - | | | 0% | Note: Please be noted that in the approved GAA, the region has 108,491 target children beneficiaries under Direct Release Fund (DRF) for 16 LGUs. However, there was an additional fund under Centrally Managed Fund (CMF) downloaded to the FO to cater 23,143 children for LGU Quezon City as they vouched their re-participation in the 12th cycle implementation and to the succeeding cycles of the program. Thus, the total numbers of children to be served for the 12th cycle are 132,634. | |
| | b. 13th Cycle | | - | - | 82,545 | 82,545 | 82,545 | - | - | - | - | - | - | - | | | ##### | The implementation for this cycle will commence on 2nd semester CY 2023. The program is waiting for the additional fund to be downloaded to the Region . Further, SFP staff has already conducted market survey at supermarkets on food items included in the 13th cycle menu. Market analysis was forwarded to BAC secretariat for comments and inputs. | |
| | Social Welfare for Senior Citizens Sub-Program | | | | | | | | | | | | | | | | | | |
| | Outcome Indicator | | | | | | | | | | | | | | | | | | |
| 11 | Percentage of beneficiaries using social pension to augment daily living subsistence and medical needs | | | | | | | | | | | | | | | | | | |
| 12 | Number of beneficiaries using social pension to augment daily living subsistence and medical needs | | | | | | | | | | | | | | | | | | |
| | Output Indicators | | | | | | | | | | | | | | | | | | |

| Strategy/ Program/ Sub-Program/ Performance Indicator | | UACS Code | Physical Targets | | | | | Physical Accomplishments | | | | | | Variance | Assessment of Variance | | | Reasons for Variance | Steering Measures |
|---|--|-----------|------------------|---------|---------|---------|---------|--------------------------|---------|---------|---------|---------|---------|---------------|------------------------|-------|----------------------|---|--|
| | | | Q1 | Q2 | Q3 | Q4 | Total | Q1 | | | Total | | | | | | | | |
| | | | | | | | | M | F | T | M | F | T | | | | | | |
| (1) | | | (2) | (3) | (4) | (5) | (6) | (7) | | | | | (13) | (14)=(13)-(6) | Major | Minor | Full target Achieved | (13) | (19) |
| 13 | Number of senior citizens who received social pension within the quarter | | 249,153 | 249,153 | 249,153 | 249,153 | 249,153 | - | - | - | - | - | - | -249,153 | -100% | | | 1. Memorandum of Agreement for the transfer of fund is currently on process. Hence, 1st semester CY 2023 pay out is yet to be facilitated 2. Late submission of liquidation of transfer of fund affects the schedule of validation and time frame of social pension pay out 3. Massive validations to LGUs were conducted to cater the variance for 2023. | 1. Faciliate processing of the Memorandum of Agreement for transfer of fund to LGUs to facilitate the immediate implementation of Social Pension pay-out 2. Capacitate the LGU for the immediate implementation and liquidation of transfer of funds 3. Fastrack the validation process and downloading of eligible applicants to the program from the Central Office. |
| | Current | | 220,485 | 220,485 | 220,485 | 220,485 | 220,485 | - | - | - | - | - | - | | | | | | |
| | Continuing | | 28,668 | 28,668 | 28,668 | 28,668 | 28,668 | - | - | - | - | - | - | | | | | | |
| 15 | Number of centenarians provided with cash gift | | 56 | 45 | 45 | 19 | 165 | 5 | 45 | 50 | 5 | 45 | 50 | -6 | | -11% | | 1. Died prior awarding of cash gift. 2. Nearest relative already advise to submit additional requirements for deceased before awarding the cash gift. 3. Currently waiting for the availability of three (3) gift cheque from FMD. | |
| Protective Program for Individuals, Families and Communities in Need or in Crisis Sub-Program | | | | | | | | | | | | | | | | | | | |
| Outcome Indicator | | | | | | | | | | | | | | | | | | | |
| 16 | AICS-Crisis Intervention Section (CIS) | | | | | | | | | | | | | | | | | | |
| | Percentage of clients who rated protective services provided as satisfactory or better | | | | | | 95.00% | 97.97% | 97.44% | 97.60% | 97.97% | 97.44% | 97.60% | 2.60% | | 2.74% | | Note: The ARTU approved atleast 10% of all the client served within the period are provided with Client Satisfaction Survey. Random Sampling was conducted by FO-NCR CIS to the clients in administering the client satisfaction survey. | Sustain various mechanisms in administering the survey: Pen and Paper, Technical Assistance from Mamamayan Muna Desk Team, Use of android tablets in accomplishing the online survey and Use of Client Survey Box to consolidate the Clients' responses. |
| | Total number of clients who gave feedback in the client satisfaction form | | | | | | | 838 | 1,955 | 2,793 | 838 | 1,955 | 2,793 | | | | | | |
| | Total number of clients who rated satisfactory or better | | | | | | | 821 | 1,905 | 2,726 | 821 | 1,905 | 2,726 | | | | | | |
| | Number of clients who rated very satisfactory | | | | | | | 576 | 1,343 | 1,919 | 576 | 1,343 | 1,919 | | | | | | |
| | Number of clients who rated satisfactory | | | | | | | 245 | 562 | 807 | 245 | 562 | 807 | | | | | | |
| 16 | AICS-Crisis Intervention Section (CIS-OS) | | | | | | | | | | | | | | | | | | |
| | Percentage of clients who rated protective services provided as satisfactory or better | | | | | | 95.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 100.00% | 5.00% | | 5.26% | | | |
| | Total number of clients who gave feedback in the client satisfaction form | | | | | | | 530 | 470 | 1,000 | 530 | 470 | 1,000 | | | | | | |
| | Total number of clients who rated satisfactory or better | | | | | | | 530 | 470 | 1,000 | 530 | 470 | 1,000 | | | | | | |
| | Number of clients who rated very satisfactory | | | | | | | 461 | 439 | 900 | 461 | 439 | 900 | | | | | | |
| | Number of clients who rated satisfactory | | | | | | | 69 | 31 | 100 | 69 | 31 | 100 | | | | | | |
| 17 | Minors Travelling Abroad | | | | | | | | | | | | | | | | | | |

| Strategy/ Program/ Sub-Program/ Performance Indicator | | UACS Code | Physical Targets | | | | | Physical Accomplishments | | | | | | Variance | Assessment of Variance | | | Reasons for Variance | Steering Measures |
|--|--|--------------|---|--------|--------|--------|---------|--------------------------|--------|--------|--------|--------|--------|---------------|---------------------------|--------|-------------------------|---|---|
| | | | Q1 | Q2 | Q3 | Q4 | Total | Q1 | | | Total | | | | | | | | |
| | | | | | | | | M | F | T | M | F | T | | | | | | |
| (1) | | | (2) | (3) | (4) | (5) | (6) | (7) | | | | | (13) | (14)=(13)-(6) | Major | Minor | Full target Achieved | (13) | (19) |
| | Percentage of clients who rated protective services provided as satisfactory or better | | | | | | 100% | 98.12% | 98.18% | 98.16% | 98.12% | 98.18% | 98.16% | -1.84% | | -1.84% | | Respondents evaluated the performance of service through the traditional pen-and-paper. Few of them rated neither satisfied nor dissatisfied in terms of access and facilities of the department. | Office space expansion, especially the screening area to accommodate increasing number of applicants. |
| | Total number of clients who gave feedback in the client satisfaction form | | | | | | 319 | 713 | 1,032 | 319 | 713 | 1,032 | | | | | | | |
| | Total number of clients who rated satisfactory or better | | | | | | 313 | 700 | 1,013 | 313 | 700 | 1,013 | | | | | | | |
| | Number of clients whho rated very satisfactory | | | | | | 282 | 628 | 910 | 282 | 628 | 910 | | | | | | | |
| | Number of clients whho rated satisfactory | | | | | | 31 | 72 | 103 | 31 | 72 | 103 | | | | | | | |
| | Output Indicators | | | | | | | | | | | | | | | | | | |
| 18 | Number of beneficiaries served through AICS (Continuing Funds) | | Note: Target is for Crisis Intervention Section (CIS) only. No target for CIS-OS charged to Continuing Funds. | | | | | | | | | | | | | | | | |
| | Type of Assistance | | 9,000 | 16,000 | 0 | 0 | 25,000 | 4,543 | 5,997 | 10,540 | 4,543 | 5,997 | 10,540 | 1,540 | | 17% | | | |
| | a. Medical Assistance | | 3,000 | 5,000 | - | - | 8,000 | 3,722 | 5,007 | 8,729 | 3,722 | 5,007 | 8,729 | | | | | Front loading of continuing funds. | Maximize use of GL as mode of providing assistance to clients. |
| | b. Burial Assistance | | 400 | 400 | - | - | 800 | 471 | 489 | 960 | 471 | 489 | 960 | | | | | | |
| | c. Educational Assistance | | - | - | - | - | - | - | - | - | - | - | - | | | | | | |
| | d. Transportation Assistance | | 100 | 100 | - | - | 200 | 78 | 81 | 159 | 78 | 81 | 159 | | | | | | |
| | e. Food Assistance | | 5,000 | 10,000 | - | - | 15,000 | 223 | 388 | 611 | 223 | 388 | 611 | | | | | | |
| | f. Non-Food Assistance | | - | - | - | - | - | 1 | 1 | 2 | 1 | 1 | 2 | | | | | | |
| | g. Other Cash Assistance | | 500 | 500 | - | - | 1,000 | 48 | 31 | 79 | 48 | 31 | 79 | | | | | | |
| | h. Psychosocial | | - | - | - | - | - | - | - | - | - | - | - | | | | | | |
| | i. Referral | | - | - | - | - | - | - | - | - | - | - | - | | | | | | |
| | Client Category | | | | | | | 4,543 | 5,997 | 10,540 | 4,543 | 5,997 | 10,540 | | | | | | |
| | Family Head and Other Needy Adult (FHONA) | | | | | | | 2,228 | 2,585 | 4,813 | 2,228 | 2,585 | 4,813 | | | | | | |
| | Women in Especially Difficult Circumstances (WEDC) | | | | | | | 194 | 773 | 967 | 194 | 773 | 967 | | | | | | |
| | Children in Need of Special Protection (CNSP) | | | | | | | 514 | 391 | 905 | 514 | 391 | 905 | | | | | | |
| | Youth in Need of Special Protection (YNSP) | | | | | | | 35 | 30 | 65 | 35 | 30 | 65 | | | | | | |
| | Senior Citizen (SC) | | | | | | | 1,389 | 1,986 | 3,375 | 1,389 | 1,986 | 3,375 | | | | | | |
| | Solo Parents | | | | | | | - | - | - | - | - | - | | | | | | |
| Persons With Disability (PWD) | | | | | | | 179 | 227 | 406 | 179 | 227 | 406 | | | | | | | |
| Persons Living with HIV-AIDS (PLHIV) | | | | | | | 4 | 5 | 9 | 4 | 5 | 9 | | | | | | | |
| 18 | Number of beneficiaries served through AICS (Current Funds) | | Target for Crisis Intervention Section is 50,000, Malasakit Center is 20,000 (with breakdown per type of assistance) while Crisis Intervention Section - Offsite Serbisyo target is 123,053 (based on allotment - ANA per type of assistance) | | | | | | | | | | | | | | | | |
| | Type of Assistance | | 47,053 | 46,100 | 48,900 | 51,000 | 193,053 | 21,626 | 38,096 | 59,722 | 21,626 | 38,096 | 59,722 | 12,669 | | 27% | | | |
| | a. Medical Assistance | | ANA | ANA | ANA | ANA | ANA | 6,888 | 13,412 | 20,300 | 6,888 | 13,412 | 20,300 | | | | | Late downloading of SAA for CY 2023 Current fund. | Maximize use of GL as mode of providing assistance to clients. |
| | b. Burial Assistance | | ANA | ANA | ANA | ANA | ANA | 289 | 473 | 762 | 289 | 473 | 762 | | | | | | |
| | c. Educational Assistance | | ANA | ANA | ANA | ANA | ANA | 13 | 25 | 38 | 13 | 25 | 38 | | | | | | |
| | d. Transportation Assistance | | ANA | ANA | ANA | ANA | ANA | 136 | 115 | 251 | 136 | 115 | 251 | | | | | | |
| | e. Food Assistance | | ANA | ANA | ANA | ANA | ANA | 13,728 | 23,430 | 37,158 | 13,728 | 23,430 | 37,158 | | | | | | |
| | f. Non-Food Assistance | | ANA | ANA | ANA | ANA | ANA | 1 | 1 | 2 | 1 | 1 | 2 | | | | | | |
| | g. Other Cash Assistance | | ANA | ANA | ANA | ANA | ANA | 571 | 640 | 1,211 | 571 | 640 | 1,211 | | | | | | |
| | h. Psychosocial | | - | - | - | - | - | - | - | - | - | - | - | | | | | | |
| | i. Referral | | - | - | - | - | - | - | - | - | - | - | - | | | | | | |

| Strategy/ Program/ Sub-Program/ Performance Indicator | | UACS Code | Physical Targets | | | | | Physical Accomplishments | | | | | | Variance | Assessment of Variance | | | Reasons for Variance | Steering Measures |
|--|---|--------------|------------------|-----|-----|-----|-------|--------------------------|--------|--------|--------|--------|--------|---------------|---------------------------|-------|-------------------------|--|--|
| | | | Q1 | Q2 | Q3 | Q4 | Total | Q1 | | | Total | | | | | | | | |
| | | | | | | | | M | F | T | M | F | T | | | | | | |
| (1) | | | (2) | (3) | (4) | (5) | (6) | (7) | | | (13) | | | (14)=(13)-(6) | Major | Minor | Full target Achieved | (13) | (19) |
| | Client Category | | | | | | | 21,626 | 38,096 | 59,722 | 21,626 | 38,096 | 59,722 | | | | | | |
| | Family Head and Other Needy Adult (FHONA) | | | | | | | 15,325 | 26,770 | 42,095 | 15,325 | 26,770 | 42,095 | | | | | | |
| | Women in Especially Difficult Circumstances (WEDC) | | | | | | | 99 | 818 | 917 | 99 | 818 | 917 | | | | | | |
| | Children in Need of Special Protection (CNSP) | | | | | | | 115 | 117 | 232 | 115 | 117 | 232 | | | | | | |
| | Youth in Need of Special Protection (YNSP) | | | | | | | 413 | 719 | 1,132 | 413 | 719 | 1,132 | | | | | | |
| | Senior Citizen (SC) | | | | | | | 5,348 | 9,313 | 14,661 | 5,348 | 9,313 | 14,661 | | | | | | |
| | Solo Parents | | | | | | | - | - | - | - | - | - | | | | | | |
| | Persons With Disability (PWD) | | | | | | | 307 | 355 | 662 | 307 | 355 | 662 | | | | | | |
| | Persons Living with HIV-AIDS (PLHIV) | | | | | | | 19 | 4 | 23 | 19 | 4 | 23 | | | | | | |
| | Lingap at Gabay Para sa May Sakit (LinGaP sa MaSa) | | | | | | | | | | | | | | | | | | |
| 19 | Number of beneficiaries served through Lingap at Gabay Para sa May Sakit (LinGaP sa MaSa) | | | | | | | - | - | - | - | - | - | | | | | No client served for FY 2023. | |
| | Assistance to Communities in Need (ACN) | | | | | | | | | | | | | | | | | | |
| 21 | Construction/ Repair of Day Care Center and Senior Citizen Center through Assistance to Communities in Need | | | | | | | | | | | | | | | | | | |
| | Number of subprojects completed | | ANA | ANA | ANA | ANA | ANA | - | - | - | - | - | - | - | | | | | |
| | Number of beneficiaries served through ACN | | ANA | ANA | ANA | ANA | ANA | - | - | - | - | - | - | - | | | | | |
| | Number of clients served through community-based services | | 300 | 300 | 300 | 300 | 1,200 | 110 | 62 | 172 | 110 | 62 | 172 | -128 | -43% | | | Delayed approval of the WFP due to the confusion on the interpretation of the FMG No. 33 Delayed approval of the WFP due to the confusion on the interpretation of the FMG No. 33 requiring that WFP charged to CMF funds should be approved by the Cluster Head of DSWD Central Office. Hence, the WFP was only clarified on the last week of February and cash advance was only facilitated on March 8, 2023. Likewise, no available SDO to facilitate cash advance for the Solo Parent fund and Comprehensive practical support for the VAWC, EO 70, human rights violations and POCs, which resulted to the delayed implementation of the program. | Close coordination with CO-PMB, Meeting with Budget Section at FO Level. |
| | a. Women/Adult | | ANA | ANA | ANA | ANA | ANA | 72 | - | 72 | 72 | - | 72 | | | | | | |
| | b. Children | | ANA | ANA | ANA | ANA | ANA | 22 | 26 | 48 | 22 | 26 | 48 | | | | | | |
| | c. Youth | | ANA | ANA | ANA | ANA | ANA | 13 | 29 | 42 | 13 | 29 | 42 | | | | | | |
| | d. Older Persons | | ANA | ANA | ANA | ANA | ANA | 2 | 5 | 7 | 2 | 5 | 7 | | | | | | |
| | e. PWDs | | ANA | ANA | ANA | ANA | ANA | - | - | - | - | - | - | | | | | | |
| | f. Solo Parents | | ANA | ANA | ANA | ANA | ANA | 1 | 2 | 3 | 1 | 2 | 3 | | | | | | |
| 23 | Number of minors traveling abroad issued with travel clearance | | ANA | ANA | ANA | ANA | ANA | 654 | 639 | 1,293 | 654 | 639 | 1,293 | - | | | | All or 100% of the assessed eligible applicants are issued with travel clearance. | Continuous service provision, efficiently and effectively. |
| | Comprehensive Program for Street Children, Street Families and Badjaus | | | | | | | | | | | | | | | | | | |
| 24 | Number of Street Children, Street Families and IPs served | | - | 207 | 234 | 834 | 1,275 | - | - | - | - | - | - | - | | | #DIV/0! | No target yet for 1st Quarter CY 2023. | |
| | Street Children/Children-At-Risk | | - | 117 | 149 | 734 | 1,000 | - | - | - | - | - | - | | | | | | |
| | Street Families | | - | 90 | 85 | 100 | 275 | - | - | - | - | - | - | | | | | | |
| | a. Street Children/Children-At-Risk | | - | 100 | 129 | 670 | 899 | - | - | - | - | - | - | | | | | | |

| Strategy/ Program/ Sub-Program/ Performance Indicator | | UACS Code | Physical Targets | | | | | Physical Accomplishments | | | | | | Variance | Assessment of Variance | | | Reasons for Variance | Steering Measures |
|---|--|-----------|---|-----|-----|-----|-------|--------------------------|----|----|-------|----|----|---------------|------------------------|-------|----------------------|--|-------------------|
| | | | Q1 | Q2 | Q3 | Q4 | Total | Q1 | | | Total | | | | | | | | |
| | | | | | | | | M | F | T | M | F | T | | | | | | |
| (1) | | | (2) | (3) | (4) | (5) | (6) | (7) | | | | | | (14)=(13)-(6) | Major | Minor | Full target Achieved | (13) | (19) |
| | b. Street Families/Families-At-Risk | | - | 75 | 75 | 80 | 230 | - | - | - | - | - | - | | | | | | |
| | c. Sama-Badjau Street Children | | - | 17 | 20 | 64 | 101 | - | - | - | - | - | - | | | | | | |
| | d. Sama-Badjao Street Families | | - | 15 | 10 | 20 | 45 | - | - | - | - | - | - | | | | | | |
| | Number of networks, linkages, task force and/or other interagencies formed | | ANA | ANA | ANA | ANA | ANA | - | - | - | - | - | - | | | | | | |
| | Number of LGUs implementing the program (cities/municipalities) | | - | 7 | 6 | 4 | 17 | - | - | - | - | - | - | | | | | No target yet for 1st Quarter CY 2023. | |
| | Number of implementers/other service providers provided with capacity building activities in handling street children, street families and Ips | | ANA | ANA | ANA | ANA | ANA | - | - | - | - | - | - | | | | | | |
| Output Indicators | | | | | | | | | | | | | | | | | | | |
| Number of children served through Alternative Family Care Program | | | | | | | | | | | | | | | | | | | |
| 25 | No. of Children Placed Out for Domestic Adoption Issued with CDCCLAA | | | | | | - | - | - | - | - | - | - | - | | | | Indicators under the Alternative Family Care Program were deleted from the HPMES due to the approval of the RA 11642 and transfer of program implementation to NACC. | |
| 26 | No. of Children Placed Out for Domestic Adoption Issued with PAPA | | | | | | - | - | - | - | - | - | - | - | | | | | |
| 27 | No. of Children Placed Out for Foster Care | | | | | | - | - | - | - | - | - | - | - | | | | | |
| 28 | No. of Children cleared for Inter-country Adoption | | | | | | - | - | - | - | - | - | - | - | | | | | |
| Social Welfare for Distressed Overseas Filipinos and Trafficked Persons Sub-Program | | | | | | | | | | | | | | | | | | | |
| Outcome | | | | | | | | | | | | | | | | | | | |
| 29 | Percentage of assisted individuals who are reintegrated to their families and communities | | Monitoring mechanism for this indicator is yet to be established. | | | | | | | | | | | | | | | | |
| | Trafficked Persons | | | | | | | | | | | | | | | | | | |
| | Distressed Overseas Filipinos and Families | | | | | | | | | | | | | | | | | | |
| Output | | | | | | | | | | | | | | | | | | | |
| 30 | Number of trafficked persons provided with social welfare services | | 73 | 73 | 73 | 73 | 292 | 24 | 65 | 89 | 24 | 65 | 89 | 16 | | 22% | | There are clients provided with psychosocial counselling to walk-in and referred clients of Community Based Services Section, however they are not yet recorded as accomplishments since the documents submitted by clients are being processed to be provided RRPTP services and/ or referred to appropriate agency for necessary services. | |
| | a. Adult | | ANA | ANA | ANA | ANA | ANA | 19 | 63 | 82 | 19 | 63 | 82 | | | | | | |
| | b. Children | | ANA | ANA | ANA | ANA | ANA | 5 | 2 | 7 | 5 | 2 | 7 | | | | | | |
| 31 | Number of distressed and undocumented overseas Filipinos provided with social welfare services | | | | | | - | - | - | - | - | - | - | - | | | | There were no served cases of distressed Ofs since this was already transferred to DMW this year. | |

QUARTERLY PHYSICAL REPORT OF OPERATIONS
As of 1st Quarter CY 2023

Department : Department of Social Welfare and Development
Agency : National Capital Region
Operating Unit : Policy Development and Planning Section
Organizational Code (UACS) : 20-001-03-00013

| | |
|---|-----------------------------|
| x | Current Year Appropriations |
| | Supplemental Appropriations |
| | Continuing Appropriations |
| | Off-Budget Account |

| Objective/ Program/ Sub-Program/ Performance Indicator | | UACS Code | Physical Targets | | | | | Physical Accomplishments | | | | Variance | Reasons for Variance | Disbursements | | Steering Measures | | | |
|---|--|-----------|------------------|--------|-----|--------|---------|--------------------------|---------|---------|--------------------------|---------------|--|---------------|---------------------------|--|----------------|--|--|
| | | | Q1 | Q2 | Q3 | Q4 | Total | Q1 | | | Total | | | | | | | | |
| | | | | | | | | M | F | T | | | | | | | | | |
| (1) | | | (2) | (3) | (4) | (5) | (6) | (7) | | | (11)=(12)+(13)+(14)+(15) | (12)=(11)-(6) | (13) | (14) | (118)=(14)+(15)+(16)+(17) | -19 | | | |
| 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 | Crisis Intervention Section (CIS) | | | | | | | | | | | | Note: The ARTU approved atleast 10% of all the client served within the period are provided with Client Satisfaction Survey. | | | Sustain various mechanisms in administering the survey: Pen and Paper, Technical Assistance from Mamamayan Muna Desk Team, Use of android tablets in accomplishing the online survey and Use of Client Survey Box to consolidate the Clients' responses. | | | |
| | Percentage of clients who rated protective services provided as satisfactory or better | | | | | 95.00% | 97.97% | 97.44% | 97.60% | 97.60% | 2.60% | | | | | | | | |
| | Total number of clients who gave feedback in the client satisfaction form | | | | | | 838 | 1,955 | 2,793 | 2,793 | | | | | | | | | |
| | Total number of clients who rated satisfactory or better | | | | | | 821 | 1,905 | 2,726 | 2,726 | | | | | | | | | |
| | Number of clients who rated very satisfactory | | | | | | 576 | 1,343 | 1,919 | 1,919 | | | | | | | | | |
| | Numbee of clients who rated satisfactory | | | | | | 245 | 562 | 807 | 807 | | | | | | | | | |
| 2.5 | Crisis Intervention Section (CIS-OS) | | | | | | | | | | | | Random Sampling was conducted by FO-NCR CIS to the clients in administering the client satisfaction survey. | | | | | | |
| | Percentage of clients who rated protective services provided as satisfactory or better | | | | | 95.00% | 100.00% | 100.00% | 100.00% | 100.00% | 5.00% | | | | | | | | |
| | Total number of clients who gave feedback in the client satisfaction form | | | | | | 530 | 470 | 1,000 | 1,000 | | | | | | | | | |
| | Total number of clients who rated satisfactory or better | | | | | | 530 | 470 | 1,000 | 1,000 | | | | | | | | | |
| | Number of clients who rated very satisfactory | | | | | | 461 | 439 | 900 | 900 | | | | | | | | | |
| | Numbee of clients who rated satisfactory | | | | | | 69 | 31 | 100 | 100 | | | | | | | | | |
| Output Indicators (Continuing Funds) | | | | | | | | | | | | | | | | | | | |
| 2.1 | Number of beneficiaries served through AICS: | | | | | | | | | | | | Front loading of Funds | | | Maximize use of GL as mode of providing assistance to clients. | | | |
| | Crisis Intervention Section (CIS) | | 9,000 | 16,000 | 0 | 0 | 25,000 | 4,543 | 5,997 | 10,540 | 10,540 | 1,540 | | | 122,000,110.50 | | 122,000,110.50 | | |
| | a. Medical Assistance | | 3,000 | 5,000 | - | - | 8,000 | 3,722 | 5,007 | 8,729 | 8,729 | | | | 106,081,534.50 | | 106,081,534.50 | | |
| | b. Burial Assistance | | 400 | 400 | - | - | 800 | 471 | 489 | 960 | 960 | | | | 13,090,100.00 | | 13,090,100.00 | | |
| | c. Educational Assistance | | - | - | - | - | - | 0 | 0 | 0 | 0 | | | | 0.00 | | 0.00 | | |
| | d. Transportation Assistance | | 100 | 100 | - | - | 200 | 78 | 81 | 159 | 159 | | | | 863,415.00 | | 863,415.00 | | |
| | e. Food Assistance | | 5,000 | 10,000 | - | - | 15,000 | 223 | 388 | 611 | 611 | | | | 1,376,827.00 | | 1,376,827.00 | | |
| | f. Non-Food Assistance | | - | - | - | - | - | 1 | 1 | 2 | 2 | | | | 5,500.00 | | 5,500.00 | | |
| | g. Other Cash Assistance | | 500 | 500 | - | - | 1,000 | 48 | 31 | 79 | 79 | | | | 582,734.00 | | 582,734.00 | | |
| | Client Category | | | | | | | 4,543 | 5,997 | 10,540 | 10,540 | | | | 122,000,110.50 | | 122,000,110.50 | | |
| | Family Head and Other Needy Adult (FHONA) | | | | | | | 2,228 | 2,585 | 4,813 | 4,813 | | | | 60,558,284.50 | | 60,558,284.50 | | |
| | Women in Especially Difficult Circumstances (WEDC) | | | | | | | 194 | 773 | 967 | 967 | | | | 10,647,450.00 | | 10,647,450.00 | | |
| | Children in Need of Special Protection (CNSP) | | | | | | | 514 | 391 | 905 | 905 | | | | 8,297,742.00 | | 8,297,742.00 | | |
| | Youth in Need of Special Protection (YNSP) | | | | | | | 35 | 30 | 65 | 65 | | | | 829,600.00 | | 829,600.00 | | |
| | Senior Citizen (SC) | | | | | | | 1,389 | 1,986 | 3,375 | 3,375 | | | | 35,666,623.00 | | 35,666,623.00 | | |
| | Solo Parents | | | | | | | 0 | 0 | 0 | 0 | | | | 0.00 | | 0.00 | | |
| | Persons With Disability (PWD) | | | | | | | 179 | 227 | 406 | 406 | | | | 5,913,411.00 | | 5,913,411.00 | | |
| | Persons Living with HIV-AIDS (PLHIV) | | | | | | | 4 | 5 | 9 | 9 | | | | 87,000.00 | | 87,000.00 | | |
| | Output Indicators (Current Funds) | | | | | | | | | | | | | | | | | | |

| Objective/ Program/ Sub-Program/ Performance Indicator | UACS Code | Physical Targets | | | | | Physical Accomplishments | | | | Variance | Reasons for Variance | Disbursements | | Steering Measures |
|--|--|---|---------------|---------------|---------------|----------------|--------------------------|---------------|---------------|--------------------------|---------------|---|-----------------------|-------------------------------|--|
| | | Q1 | Q2 | Q3 | Q4 | Total | Q1 | | | Total | | | Q1 | Total | |
| | | (2) | (3) | (4) | (5) | (6) | M | F | T | (11)=(12)+(13)+(14)+(15) | | | (14) | (10)=(14)+(15)+(16)+(17)+(18) | |
| (1) | | (2) | (3) | (4) | (5) | (6) | (7) | | | (11)=(12)+(13)+(14)+(15) | (12)=(11)-(6) | (13) | (14) | (10)=(14)+(15)+(16)+(17)+(18) | -19 |
| 2.1 | Number of beneficiaries served through AICS: | | | | | | | | | | | | | | |
| | Crisis Intervention Section (CIS) | 10,000 | 11,600 | 13,400 | 15,000 | 50,000 | 4,209 | 7,503 | 11,712 | 11,712 | 1,712 | Late downloading of SAA for CY 2023 Current fund. | 61,349,978.10 | 61,349,978.10 | Maximize use of GL as mode of providing assistance to clients. |
| | a. Medical Assistance | 6,000 | 7,000 | 8,000 | 8,500 | 29,500 | 3,097 | 5,980 | 9,077 | 9,077 | | | 47,131,520.10 | 47,131,520.10 | |
| | b. Burial Assistance | - | 400 | 500 | 900 | 1,800 | 65 | 73 | 138 | 138 | | | 1,744,500.00 | 1,744,500.00 | |
| | c. Educational Assistance | - | - | - | - | - | 0 | 0 | 0 | 0 | | | 0.00 | 0.00 | |
| | d. Transportation Assistance | - | 100 | 200 | 300 | 600 | 136 | 115 | 251 | 251 | | | 1,024,948.00 | 1,024,948.00 | |
| | e. Food Assistance | 4,000 | 4,000 | 4,500 | 5,000 | 17,500 | 385 | 770 | 1,155 | 1,155 | | | 2,283,410.00 | 2,283,410.00 | |
| | f. Non-Food Assistance | - | - | - | - | - | 1 | 1 | 2 | 2 | | | 2,700.00 | 2,700.00 | |
| | g. Other Cash Assistance | - | 100 | 200 | 300 | 600 | 525 | 564 | 1,089 | 1,089 | | | 9,162,900.00 | 9,162,900.00 | |
| | Client Category | | | | | | 4,209 | 7,503 | 11,712 | 11,712 | | | 61,349,978.10 | 61,349,978.10 | |
| | Family Head and Other Needy Adult (FHONA) | | | | | | 2,461 | 4,387 | 6,848 | 6,848 | | | 37,794,913.10 | 37,794,913.10 | |
| | Women in Especially Difficult Circumstances (WEDC) | | | | | | 31 | 96 | 127 | 127 | | | 1,196,954.00 | 1,196,954.00 | |
| | Children in Need of Special Protection (CNSP) | | | | | | 112 | 115 | 227 | 227 | | | 1,356,898.00 | 1,356,898.00 | |
| | Youth in Need of Special Protection (YNSP) | | | | | | 10 | 11 | 21 | 21 | | | 65,000.00 | 65,000.00 | |
| | Senior Citizen (SC) | | | | | | 1,545 | 2,827 | 4,372 | 4,372 | | | 19,437,413.00 | 19,437,413.00 | |
| | Solo Parents | | | | | | 0 | 0 | 0 | 0 | | | 0.00 | 0.00 | |
| | Persons With Disability (PWD) | | | | | | 43 | 64 | 107 | 107 | | | 1,390,800.00 | 1,390,800.00 | |
| | Persons Living with HIV-AIDS (PLHIV) | | | | | | 7 | 3 | 10 | 10 | | | 108,000.00 | 108,000.00 | |
| | Malasakit Center | 4,000 | 4,500 | 5,500 | 6,000 | 20,000 | 2,325 | 4,741 | 7,066 | 7,066 | 3,066 | | 22,800,500.00 | 22,800,500.00 | |
| | a. Medical Assistance | - | - | - | - | - | 0 | 1 | 1 | 1 | | | 10,000.00 | 10,000.00 | |
| | b. Burial Assistance | 280 | 315 | 385 | 420 | 1,400 | 23 | 17 | 40 | 40 | | | 296,000.00 | 296,000.00 | |
| | c. Educational Assistance | - | - | - | - | - | 0 | 0 | 0 | 0 | | | 0.00 | 0.00 | |
| | d. Transportation Assistance | 120 | 135 | 165 | 180 | 600 | 0 | 0 | 0 | 0 | | | 0.00 | 0.00 | |
| | e. Food Assistance | 3,600 | 4,050 | 4,950 | 5,400 | 18,000 | 2,294 | 4,676 | 6,970 | 6,970 | | | 22,297,500.00 | 22,297,500.00 | |
| | f. Non-Food Assistance | - | - | - | - | - | 0 | 0 | 0 | 0 | | | 0.00 | 0.00 | |
| | g. Other Cash Assistance | - | - | - | - | - | 8 | 47 | 55 | 55 | | | 197,000.00 | 197,000.00 | |
| | Client Category | | | | | | 2,325 | 4,741 | 7,066 | 7,066 | | | 22,800,500.00 | 22,800,500.00 | |
| | Family Head and Other Needy Adult (FHONA) | | | | | | 1,049 | 2,128 | 3,177 | 3,177 | | | 10,161,500.00 | 10,161,500.00 | |
| | Women in Especially Difficult Circumstances (WEDC) | | | | | | 68 | 722 | 790 | 790 | | | 2,595,000.00 | 2,595,000.00 | |
| | Children in Need of Special Protection (CNSP) | | | | | | 3 | 2 | 5 | 5 | | | 38,000.00 | 38,000.00 | |
| | Youth in Need of Special Protection (YNSP) | | | | | | 247 | 461 | 708 | 708 | | | 2,262,000.00 | 2,262,000.00 | |
| | Senior Citizen (SC) | | | | | | 682 | 1,136 | 1,818 | 1,818 | | | 5,788,000.00 | 5,788,000.00 | |
| | Solo Parents | | | | | | 0 | 0 | 0 | 0 | | | 0.00 | 0.00 | |
| | Persons With Disability (PWD) | | | | | | 264 | 291 | 555 | 555 | | | 1,909,000.00 | 1,909,000.00 | |
| | Persons Living with HIV-AIDS (PLHIV) | | | | | | 12 | 1 | 13 | 13 | | | 47,000.00 | 47,000.00 | |
| | Crisis Intervention Section - Offsite Serbisyo (CIS-OS) | 33,053 | 30,000 | 30,000 | 30,000 | 123,053 | 15,092 | 25,852 | 40,944 | 40,944 | 7,891 | | 146,374,178.27 | 146,374,178.27 | |
| | a. Medical Assistance | ANA | ANA | ANA | ANA | ANA | 3,791 | 7,431 | 11,222 | 11,222 | | | 56,117,678.27 | 56,117,678.27 | |
| | b. Burial Assistance | ANA | ANA | ANA | ANA | ANA | 201 | 383 | 584 | 584 | | | 2,820,500.00 | 2,820,500.00 | |
| | c. Educational Assistance | ANA | ANA | ANA | ANA | ANA | 13 | 25 | 38 | 38 | | | 223,000.00 | 223,000.00 | |
| | d. Transportation Assistance | ANA | ANA | ANA | ANA | ANA | 0 | 0 | 0 | 0 | | | 86,543,000.00 | 86,543,000.00 | |
| | e. Food Assistance | ANA | ANA | ANA | ANA | ANA | 11,049 | 17,984 | 29,033 | 29,033 | | | 0.00 | 0.00 | |
| | f. Non-Food Assistance | ANA | ANA | ANA | ANA | ANA | 0 | 0 | 0 | 0 | | | 670,000.00 | 670,000.00 | |
| | g. Other Cash Assistance | ANA | ANA | ANA | ANA | ANA | 38 | 29 | 67 | 67 | | | 0.00 | 0.00 | |
| | Client Category | | | | | | 15,092 | 25,852 | 40,944 | 40,944 | | | 146,374,178.27 | 146,374,178.27 | |
| | Family Head and Other Needy Adult (FHONA) | | | | | | 11,815 | 20,255 | 32,070 | 32,070 | | | 114,612,952.43 | 114,612,952.43 | |
| | Women in Especially Difficult Circumstances (WEDC) | | | | | | 0 | 0 | 0 | 0 | | | 0.00 | 0.00 | |
| | Children in Need of Special Protection (CNSP) | | | | | | 0 | 0 | 0 | 0 | | | 0.00 | 0.00 | |
| | Youth in Need of Special Protection (YNSP) | | | | | | 156 | 247 | 403 | 403 | | | 1,169,000.00 | 1,169,000.00 | |
| | Senior Citizen (SC) | | | | | | 3,121 | 5,350 | 8,471 | 8,471 | | | 30,592,225.84 | 30,592,225.84 | |
| | Solo Parents | | | | | | 0 | 0 | 0 | 0 | | | 0.00 | 0.00 | |
| | Persons With Disability (PWD) | | | | | | 0 | 0 | 0 | 0 | | | 0.00 | 0.00 | |
| | Persons Living with HIV-AIDS (PLHIV) | | | | | | 0 | 0 | 0 | 0 | | | 0.00 | 0.00 | |
| | Number of beneficiaries served through AICS: | Target for Crisis Intervention Section is 50,000, Malasakit Center is 20,000 (with breakdown per type of assistance) while Crisis Intervention Section - Offsite Serbisyo target is 123,053 (based on allotment - ANA per type of assistance) | | | | | | | | | | | | | |

| Objective/ Program/ Sub-Program/ Performance Indicator | | UACS Code | Physical Targets | | | | | Physical Accomplishments | | | | Variance | Reasons for Variance | Disbursements | | Steering Measures |
|---|--|-----------|------------------|--------|--------|--------|---------|--------------------------|--------|--------|--------------------------|---------------|----------------------|----------------|------------------------------|-------------------|
| | | | Q1 | Q2 | Q3 | Q4 | Total | Q1 | | | Total | | | Q1 | Total | |
| | | | | | | | | M | F | T | | | | | | |
| (1) | | | (2) | (3) | (4) | (5) | (6) | (7) | | | (11)=(12)/(13)/(14)/(15) | (12)=(11)-(6) | (13) | (14) | (15)=(14)/(13)/(10)/(9)/(11) | -19 |
| | Total Combined (CIS, CIS-OS & Malasakit Center) | | 47,053 | 46,100 | 48,900 | 51,000 | 193,053 | 21,626 | 38,096 | 59,722 | 59,722 | 12,669 | | 207,724,156.37 | 207,724,156.37 | |
| | a. Medical Assistance | | ANA | ANA | ANA | ANA | ANA | 6,888 | 13,412 | 20,300 | 20,300 | | | 103,249,198.37 | 103,249,198.37 | |
| | b. Burial Assistance | | ANA | ANA | ANA | ANA | ANA | 289 | 473 | 762 | 762 | | | 4,565,000.00 | 4,565,000.00 | |
| | c. Educational Assistance | | ANA | ANA | ANA | ANA | ANA | 13 | 25 | 38 | 38 | | | 223,000.00 | 223,000.00 | |
| | d.Transportation Assistance | | ANA | ANA | ANA | ANA | ANA | 136 | 115 | 251 | 251 | | | 87,567,948.00 | 87,567,948.00 | |
| | e. Food Assistance | | ANA | ANA | ANA | ANA | ANA | 13,728 | 23,430 | 37,158 | 37,158 | | | 2,283,410.00 | 2,283,410.00 | |
| | f. Non-Food Assistance | | ANA | ANA | ANA | ANA | ANA | 1 | 1 | 2 | 2 | | | 672,700.00 | 672,700.00 | |
| | g. Other Cash Assistance | | ANA | ANA | ANA | ANA | ANA | 571 | 640 | 1,211 | 1,211 | | | 9,162,900.00 | 9,162,900.00 | |
| | Total Combined (Client Category) | | | | | | | 21,626 | 38,096 | 59,722 | 59,722 | | | 230,524,656.37 | 230,524,656.37 | |
| | Family Head and Other Needy Adult (FHONA) | | | | | | | 15,325 | 26,770 | 42,095 | 42,095 | | | 162,569,365.53 | 162569365.5 | |
| | Women in Especially Difficult Circumstances (WEDC) | | | | | | | 99 | 818 | 917 | 917 | | | 3,791,954.00 | 3791954 | |
| | Children in Need of Special Protection (CNSP) | | | | | | | 115 | 117 | 232 | 232 | | | 1,394,898.00 | 1394898 | |
| | Youth in Need of Special Protection (YNSP) | | | | | | | 413 | 719 | 1,132 | 1,132 | | | 3,496,000.00 | 3496000 | |
| | Senior Citizen (SC) | | | | | | | 5,348 | 9,313 | 14,661 | 14,661 | | | 55,817,638.84 | 55817638.84 | |
| | Solo Parents | | | | | | | 0 | 0 | 0 | 0 | | | 0.00 | 0 | |
| | Persons With Disability (PWD) | | | | | | | 307 | 355 | 662 | 662 | | | 3,299,800.00 | 3299800 | |
| | Persons Living with HIV-AIDS (PLHIV) | | | | | | | 19 | 4 | 23 | 23 | | | 155,000.00 | 155000 | |

QUARTERLY PHYSICAL REPORT OF OPERATIONS
As of 1st Quarter CY 2023

Department : Department of Social Welfare and Development
 Agency : National Capital Region
 Operating Unit : Policy Development and Planning Section
 Organizational Code (UACS) : 20-001-03-00013

| | |
|---|-----------------------------|
| x | Current Year Appropriations |
| | Supplemental Appropriations |
| | Continuing Appropriations |
| | Off-Budget Account |

| Strategy/ Program/ Sub-Program/ Performance Indicator | | UACS Code | Physical Targets | | | | Physical Accomplishments | | | Annual Total | Variance | Assessment of Variance | | | Reasons for Variance | Steering Measures/Remarks |
|--|--|-----------|------------------|------|-------|-----|--------------------------|-------|-----|-----------------------|---------------|------------------------|-------|----------------------|---|--|
| | | | Q1 | Q2 | Q3 | Q4 | Total | Q1 | Q2 | | | Major | Minor | Full target Achieved | | |
| (1) | | | (2) | (3) | (4) | (5) | (6) | | | (11)=(7)+(8)+(9)+(10) | (12)=(11)-(6) | | | | (13) | (19) |
| Strategic Focus 1: Increase capacity of LGUs to improve the delivery of social protection and social welfare services | | | | | | | | | | | | | | | | |
| 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 | N/A | N/A | N/A | N/A | | | | FO - NCR has no provision of early recovery services for clients as of the moment. | The DRMD responds to the requests of LGUs. Thus, provision of augmentation support for the affected families. |
| Output Indicators | | | | | | | | | | | | | | | | |
| 3.1 | Number of trained DSWD QRT members ready for deployment on disaster response | | - | 420 | - | - | 420 | - | | 0 | 0 | | | #DIV/0! | Training for Quick Response Team will start on May 2023. | Monitoring activities on disaster and other related incidents for a timely response of the Quick Response Team. |
| 3.3 | Number of poor households that received cash-for-work for CCAM | | 14015 | 9084 | 6,046 | - | 29,145 | - | | 0 | -14,015 | -100% | | | Liquidation is still on process. CCAM implementation will start on 2nd Quarter CY 2023. | Provision of technical assistance to the LGUs through general orientation. Also, monitoring is being conducted during the course of implementation. |
| 3.4 | Number of LGUs provided with augmentation on disaster response services | | ANA | ANA | ANA | ANA | ANA | 14 | | 14 | - | | | | Note: Malabon, Pasay and Pateros were not provided RA since the said LGUs did not request for augmentation to the DSWD-NCR. A total of Php21,491,386.53 worth of assistance to the affected families and individuals coursed through/requested by the LGUs, GAs, NGOs, POs and legislators, including referrals and walk-in clients due to disaster occurrences. | Augmentation to LGUs are based from requests. Processing of relief augmentation requests by the disaster-affected LGUs based on assessment. Continuous coordination with DPWH on the approval of the proposal for the construction of Regional Warehouse. |
| 3.5 | Number of internally displaced households provided with disaster response services | | ANA | ANA | ANA | ANA | ANA | 7,084 | | 7,084 | - | | | | | Coordination with the Local Government Unit (LGU), monitoring, and provision of relief augmentation to the disaster-affected communities. |

| Strategy/ Program/ Sub-Program/ Performance Indicator | | UACS Code | Physical Targets | | | | Physical Accomplishments | | | Annual Total | Variance | Assessment of Variance | | | Reasons for Variance | Steering Measures/Remarks |
|--|--|-----------|------------------|-----|-----|-----|--------------------------|-----|-----|-----------------|----------|---------------------------|--|--|----------------------|---|
| | | | Q1 | Q2 | Q3 | Q4 | Total | Q1 | Q2 | | | | | | | |
| 3.6 | Cash for Work for Community Works | | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | | | | | There are no Cash for Work for Community Works. |
| 3.7 | Food for Work for Community Works | | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | | | | | There are no Food for Work for Community Works. |
| 3.8 | Number of households with damaged houses provided with early recovery services | | | | | | | | | | | | | | | |
| | Emergency Shelter Assistance | | | | | | | | | | | | | | | |
| | Partially Damage | | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | | | | | DSWD-NCR has no Emergency Shelter Assistance (ESA) Program. Affected families are provided with assistance through CIS-Onsite/Offsite |
| | Totally Damage | | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | | | | | |
| 3.9 | 7. Percentage compliance to the mandated stockpile | | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | | | | | FO-NCR is not among the FOs needed to meet the statutory stockpile requirement. |

QUARTERLY PHYSICAL REPORT OF OPERATIONS
As of 1st Quarter CY 2023

Department : Department of Social Welfare and Development
Agency : National Capital Region
Operating Unit : Policy Development and Planning Section
Organizational Code (UACS) : 20-001-03-00013

| | |
|---|-----------------------------|
| x | Current Year Appropriations |
| | Supplemental Appropriations |
| | Continuing Appropriations |
| | Off-Budget Account |

| Strategy/ Program/ Sub-Program/ Performance Indicator | | UACS Code | Physical Targets | | | | | Physical Accomplishments | | | Variance | Assessment of Variance | | | Reasons for Variance | Steering Measures | | |
|--|---|--------------|------------------|------|------|------|-------|-----------------------------|---------|----------------------------|---------------|---------------------------|-------|--------------------------|---|--|--|--|
| | | | Q1 | Q2 | Q3 | Q4 | Total | Q1 | Q2 | Total | | Major | Minor | Full target Achiev | | | | |
| (1) | | | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (13)=(7)+(8)+ (10)+(11) | (14)=(13)-(6) | (15) | (16) | (17) | (18) | (19) | | |
| Strategic Focus 2: Improve well-being of Beneficiaries and 4Ps households through strengthened social welfare system | | | | | | | | | | | | | | | | | | |
| ORGANIZATIONAL OUTCOME 4: CONTINUING COMPLIANCE OF SOCIAL WELFARE AND DEVELOPMENT AGENCIES TO STANDARDS IN THE DELIVERY OF SOCIAL WELFARE SERVICES ENSURED | | | | | | | | | | | | | | | | | | |
| OUTCOME INDICATORS | | | | | | | | | | | | | | | | | | |
| 1 | Percentage of SWAs, SWDAs and service providers with sustained compliance to social welfare and development standards | | 100% | 100% | 100% | 100% | 100% | 100.00% | #DIV/0! | 100.00% | 29.41% | | 29% | | | | | |
| | Total number of SWAs, SWDAs and service providers | | 12 | 27 | 15 | 55 | 109 | 17 | | 17 | 17 | | | | Monitoring visits to SWDAs was affected due to the lack of human resources in the first 2-months CY 2023. Further, the SWDAs issued in 2022 handled by the staff who resigned/transferred were not re-assigned to other technical staff. Hence, will be assigned for monitoring on the succeeding months. | Continuous monitoring visit to SWDAs to monitor their operation and provide technical assistance in compliance with standard regulations. Remaining SWDAs with valid Registration and License to Operate will be monitored in the succeeding quarter. | | |
| | Total number of SWAs, SWDAs and service providers with sustained compliance to social welfare and development standards | | 12 | 27 | 15 | 55 | 109 | 17 | - | 17 | 5 | | | | | | | |
| | a. Registered and Licensed SWAs | | 12 | 27 | 15 | 55 | 109 | 17 | | 17 | 5 | | | | | | | |
| | b. Accredited SWDAs | | | | | | | | | | | | | | | | | |
| | b.1 Level 1 Accreditation | | | | | | | | | | | | | | | | | |
| | b.2 Level 2 Accreditation | | | | | | | | | | | | | | | | | |
| | b.3 Level 3 Accreditation | | | | | | | | | | | | | | | | | |
| | c. Accredited Service Providers | | | | | | | | | | | | | | The following are the monitored Private SWDAs: 1. Active - 10 2. Inactive - 3 3. Public SWA(LGU); 1 4. C/RCFs; 3 | | | |
| OUTPUT INDICATORS | | | | | | | | | | | | | | | | | | |
| 2 | Number of SWAs and SWDAs registered, licensed and accredited | | | | | | | | | | | | | | | | | |

| Strategy/ Program/ Sub-Program/ Performance Indicator | | UACS Code | Physical Targets | | | | | Physical Accomplishments | | | Variance | Assessment of Variance | | | Reasons for Variance | Steering Measures |
|--|--|--------------|------------------|-----|-----|-----|-------|-----------------------------|-----|------------------------|---------------|---------------------------|-------|--------------------------|--|---|
| | | | Q1 | Q2 | Q3 | Q4 | Total | Q1 | Q2 | Total | | Major | Minor | Full target Achiev | | |
| (1) | | | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (13)=(7)+(8)+(10)+(11) | (14)=(13)-(6) | (15) | (16) | (17) | (18) | (19) |
| | a. Registered Private SWDAs | | 4 | 4 | 4 | 5 | 17 | 7 | | 7 | 3 | 75% | | | | Standards Section continuously provides technical assistance and followed-up submission of documents from SWDAs to comply with the requirements per MC 17 s. 2018 and MC 21 s. 2022 or the Guidelines for Registration, Licensing, and Accreditation. |
| | b. Licensed Private SWAs and Auxiliary SWDAs | | 4 | 4 | 4 | 5 | 17 | 7 | | 7 | 3 | 75% | | | | |
| | c. Pre-accreditation Assessment SWAs | | ANA | ANA | ANA | ANA | ANA | 3 | 0 | 3 | - | | | | | |
| | c.1. Level 1 Pre-Accreditation Assessment | | ANA | ANA | ANA | ANA | ANA | 3 | 0 | 3 | - | | | | The following DSWD C/RCF and Private SWAs are pre-assessed by the Region as of 1st Quarter CY 2023: 1. DSWD-NCR Haven for Women 2. Onesimu Bulilit Foundation, Inc. 3. Little Sister of the Abandoned Elderly, Inc. | Continuous provision of technical assistance to private/public SWDAs |
| | c.1.1. DSWD-Operated Residential Facilities | | - | - | - | - | - | 1 | - | 1 | 1 | | | | | |
| | c.1.2. LGU-Managed Facilities | | - | - | - | - | - | - | - | - | - | | | | | |
| | c.1.3. Private SWAs | | - | - | - | - | - | 2 | - | 2 | 2 | | | | | |
| | c.2. Level 2 Pre-Accreditation Assessment | | ANA | ANA | ANA | ANA | ANA | 0 | 0 | 0 | - | | | | No pre-assessment yet conducted as of 1st Quarter CY 2023 as no application received by the Department for higher set standards. Likewise, based on the existing guidelines, pre-assessment is only required for issued RLA based on AO 16 series of 2012. | Continuous provision of technical assistance to private/public SWDAs |
| | c.2.1. DSWD-Operated Residential Facilities | | - | - | - | - | - | - | - | - | - | | | | | |
| | c.2.2. LGU-Managed Facilities | | - | - | - | - | - | - | - | - | - | | | | | |
| | c.2.3. Private SWAs | | - | - | - | - | - | - | - | - | - | | | | | |

| Strategy/ Program/ Sub-Program/ Performance Indicator | | UACS Code | Physical Targets | | | | | Physical Accomplishments | | | Variance | Assessment of Variance | | | Reasons for Variance | Steering Measures |
|--|---|--------------|------------------|-----------|-----------|-----------|-----------|-----------------------------|---------|------------------------|---------------|---------------------------|-------|--------------------------|--|---|
| | | | Q1 | Q2 | Q3 | Q4 | Total | Q1 | Q2 | Total | | Major | Minor | Full target Achiev | | |
| (1) | | | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (13)=(7)+(8)+(10)+(11) | (14)=(13)-(6) | (15) | (16) | (17) | (18) | (19) |
| | c.3. Level 3 Pre-Accreditation Assessment | | ANA | ANA | ANA | ANA | ANA | 0 | 0 | 0 | - | | | | No pre-assessment yet conducted as of 1st Quarter CY 2023 as no application received by the Department for higher set standards. Likewise, based on the existing guidelines, pre-assessment is only required for issued RLA based on AO 16 series of 2012. | Continuous provision of technical assistance to private/public SWDAs |
| | c.3.1. DSWD-Operated Residential Facilities | | - | - | - | - | - | - | - | - | - | | | | | |
| | c.3.2. LGU-Managed Facilities | | - | - | - | - | - | - | - | - | - | | | | | |
| | c.3.3. Private SWAs | | - | - | - | - | - | - | - | - | - | | | | | |
| 3 | No. of DSWD CRCF assessed for accreditation (level 1 and 2) | | NO TARGET | NO TARGET | NO TARGET | NO TARGET | NO TARGET | 0 | 0 | 0 | 0 | | | | | |
| 4 | No. of DSWD CRCF certified for Excellence | | NO TARGET | NO TARGET | NO TARGET | NO TARGET | NO TARGET | 0 | 0 | 0 | 0 | | | | | |
| 5 | Beneficiary CSO Accredited | | ANA | ANA | ANA | ANA | ANA | 0 | 0 | 0 | 0 | | | | | |
| 6 | Number of service providers accredited | | 101 | 303 | 118 | 138 | 660 | 1 | 0 | 1 | -100 | | -15% | | | |
| | Pre-Marriage Counselor | | 1 | 3 | 2 | 2 | 8 | 1 | | 1 | 0 | | | 0% | | Technical staff advised LGUs to apply for PMC during monitoring visits. |
| | DCWs(ECCD Services) | | 50 | 150 | 58 | 68 | 326 | 0 | | 0 | -50 | -100% | | | No issued recognition yet for the 1st Quarter CY 2023. The 50 targets for LGU Pasig were already acknowledged on January 24, 2023 and endorsed to the authorized evaluator. However, the advisory from SB was only cascaded on February 17, 2023. | There is an ongoing assessment of the authorized evaluator. |
| | DCCs(ECCD Services) | | 50 | 150 | 58 | 68 | 326 | 0 | | 0 | -50 | -100% | | | | |
| | SWMCCs (Pre-assessed for Accreditation) | | 2 | 2 | 2 | 2 | 8 | 7 | | 7 | 5 | 250% | | | Exceeded the target as the LGUs are compliant with the requirements for issuance of SWMCC. | Continuous advocacy during monitoring visits and TA activities with LGUs. |
| 7 | Percentage of SWDAs with RLA certificates issued within 30 working days upon receipt of compliant application | | 100% | 100% | 100% | 100% | 100% | 100% | #DIV/0! | 100% | 0% | | | 0% | | |

| Strategy/ Program/ Sub-Program/ Performance Indicator | | UACS Code | Physical Targets | | | | | Physical Accomplishments | | | Variance | Assessment of Variance | | | Reasons for Variance | Steering Measures |
|--|--|--------------|------------------|------|------|------|-------|-----------------------------|---------|------------------------|---------------|---------------------------|-------|--------------------------|--|--|
| | | | Q1 | Q2 | Q3 | Q4 | Total | Q1 | Q2 | Total | | Major | Minor | Full target Achiev | | |
| | | | | | | | | | | | | | | | | |
| (1) | | | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (13)=(7)+(8)+(10)+(11) | (14)=(13)-(6) | (15) | (16) | (17) | (18) | (19) |
| | Total no. of compliant application received | | ANA | ANA | ANA | ANA | ANA | 14 | | 14 | 0 | | | | | The Standards Section facilitates the processing of complete documentary requirements of SWDAs within the set timeline pursuant to MC 17 series of 2018, and MC 21 series of 2022. |
| | No. of SWDAs with RLA certificates issued within 30 working days upon receipt of compliant application | | ANA | ANA | ANA | ANA | ANA | 14 | | 14 | 0 | | | | | |
| 8 | Percentage of detected violations/complaints acted upon within 7 working days | | 100% | 100% | 100% | 100% | 100% | 100% | #DIV/0! | 100% | 0% | | | 0% | | |
| | Total no. of violations/complaints detected | | ANA | ANA | ANA | ANA | ANA | 1 | | 1 | 0 | | | | One (1) report for illegal solicitation was received by the Department which was acknowledged and validated by the staff. The said organization is not a registered nor licensed SWDA but they were reminded about the guidelines in conducting public solicitation. | |
| | No. of detected violations/complaints acted upon within 7 working days | | ANA | ANA | ANA | ANA | ANA | 1 | | 1 | 0 | | | | | |

QUARTERLY PHYSICAL REPORT OF OPERATIONS
As of 1st Quarter CY 2023

Department : Department of Social Welfare and Development
Agency : National Capital Region
Operating Unit : Policy Development and Planning Section
Organizational Code (UACS) : 20-001-03-00013

| | |
|-------------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> | Current Year Appropriations |
| <input type="checkbox"/> | Supplemental Appropriations |
| <input type="checkbox"/> | Continuing Appropriations |
| <input type="checkbox"/> | Off-Budget Account |

| Strategy/ Program/ Sub-Program/ Performance Indicator | | UACS Code | Physical Targets | | | | | Physical Accomplishments | | | | | | Variance | Assessment of Variance | | | Reasons for Variance/ Other Remarks | Steering Measures | | |
|---|--|--------------|------------------|-----|-----|-----|---------|--------------------------|----------------------------------|---------|-------------------|----------------------------------|---------|----------|---------------------------|-------|-------------------------|--|--|--|------|
| | | | Q1 | Q2 | Q3 | Q4 | Total | Q1 | | | Total | | | | Major | Minor | Full target Achieved | | | | |
| | | | (1) | (2) | (3) | (4) | (5) | (6) | (7) | | | (11)=(7)+(8)+(9)+(10) | | | (12)=(11)-(6) | | | | | | (13) |
| Strategic Focus 1: Increase capacity of LGUs to improve the delivery of social protection and social welfare services | | | | | | | | | | | | | | | | | | | | | |
| ORGANIZATIONAL OUTCOME 5: DELIVERY OF SOCIAL WELFARE AND DEVELOPMENT PROGRAMS BY LOCAL GOVERNMENT UNITS THROUGH LOCAL SOCIAL WELFARE AND DEVELOPMENT OFFICES IMPROVED | | | | | | | | | | | | | | | | | | | | | |
| Outcome | | | | | | | | | | | | | | | | | | | | | |
| 5.1 | Percentage of LSWDOs with improved functionality | | | | | | Percent | Total No. of LGUs | LGUs with improved | Percent | Total No. of LGUs | LGUs with improved | Percent | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| Assessment Result: | | | | | | | | | | | | | | | | | | | | | |
| | a. Level 1 | | | | | | | Total No. of LGUs | LGUs with improved functionality | Percent | Total No. of LGUs | LGUs with improved functionality | Percent | | | | | | | | |
| | a.2 City | | | | | | | | | | | | | | | | | | | | |
| | a.3 Municipality | | | | | | | | | | | | | | | | | | | | |
| | b. Level 2 | | | | | | | - | - | 0% | - | - | 0% | - | | | | 0% | Two (2) remaining LGUs which are Quezon City and Marikina are targeted to be re-assessed by 3rd Quarter CY 2023. | | |
| | b.2 City | | | | | | | - | - | 0% | - | - | 0% | | | | | | | | |
| | b.3 Municipality | | | | | | | - | - | 0% | - | - | 0% | | | | | | | | |
| | c. Level 3 | | | | 2 | | 2 | - | - | 0% | - | - | 0% | - | | | | 0% | | | |
| | c.2 City | | | | 2 | | 2 | - | - | 0% | - | - | 0% | | | | | | | | |
| | c.3 Municipality | | | | | | | - | - | 0% | - | - | 0% | | | | | | | | |
| | d. Low Service Delivery | | | | | | | | | | | | | | | | | | | | |
| | d.2 City | | | | | | | | | | | | | | | | | | | | |
| | d.3 Municipality | | | | | | | | | | | | | | | | | | | | |

| Strategy/ Program/ Sub-Program/ Performance Indicator | | UACS Code | Physical Targets | | | | | Physical Accomplishments | | | | | | Variance | Assessment of Variance | | | Reasons for Variance/ Other Remarks | Steering Measures | |
|--|---|--------------|------------------|-----------------|-----------------|-----------------|-----------------|---|----------------------------------|---------|---|----------------------------------|---------|---------------|---------------------------|-------|-------------------------|--|---|--|
| | | | Q1 | Q2 | Q3 | Q4 | Total | Q1 | | | Total | | | | Major | Minor | Full target Achieved | | | |
| | | | | | | | | | | | | | | | | | | | | |
| (1) | | | (2) | (3) | (4) | (5) | (6) | (7) | | | (11)=(7)+(8)+(9)+(10) | | | (12)=(11)-(6) | | | | | (13) | (19) |
| Output Indicators | | | | | | | | | | | | | | | | | | | | |
| 5.2 | Number of LGUs assess in terms of their functionality level along delivery of social protection | | - | - | 2 | - | 2 | Total No. of LGUs | LGUs with improved functionality | Percent | Total No. of LGUs | LGUs with improved functionality | Percent | -2 | -100% | | | | Two (2) remaining LGUs which are Quezon City and Marikina are targeted to be reassessed by 3rd Quarter CY 2023. | |
| | City | | - | - | 2 | - | 2 | - | - | 0% | - | - | 0% | | | | | | | |
| | Municipality | | - | - | - | - | - | - | - | 0% | - | - | 0% | | | | | | | |
| 5.3 | Percentage of LGUs provided with technical assistance | | 100% (17/17) | 100% (17/17) | 100% (17/17) | 100% (17/17) | 100% (17/17) | No. of LGUs | No. of LGUs provided TA | Percent | No. of LGUs | No. of LGUs provided TA | Percent | - | | | 0% | Regular TAs are continuously being provided by the Field Office on top of the requests received from partners. | | |
| | | | | | | | | 17 | 17 | 100% | 17 | 17 | 100% | | | | | Attached are the list other TAs provided by Divisions, Offices and Programs of the Field Office. | | |
| 5.4 | Number of LGUs provided with technical assistance using digital platforms along social protection | | ANA | ANA | ANA | ANA | ANA | No. of LGUs provided TA using Digital Platforms | | | No. of LGUs provided TA using Digital Platforms | | | | | | | | Use of digital platforms is based on need since there are targeted technical assistance to LGUs which will be conducted through face to face. | |
| | | | | | | | | 17 | | | 17 | | | | | | | | | |
| | Number of learning and development interventions provided to LGUs (through LSWDOs) | | - | 1 | 3 | 2 | 6 | 0 | | | 0 | | | - | | | | 0% | No target yet for 1st Quarter CY 2023. | Continous provision of technical assistance through conduct of webinars, training and orientation to the LGUs.First LDIs will be conducted on the 2nd Quarter CY 2023. |

| Strategy/ Program/ Sub-Program/ Performance Indicator | | UACS Code | Physical Targets | | | | | Physical Accomplishments | | | | | | Variance | Assessment of Variance | | | Reasons for Variance/ Other Remarks | Steering Measures | | |
|---|---|-----------|------------------|------|------|------|-------|---|--|---------|---|--|---------|---------------|------------------------|-------|----------------------|--|---|------|------|
| | | | Q1 | Q2 | Q3 | Q4 | Total | Q1 | | | Total | | | | Major | Minor | Full target Achieved | | | | |
| | | | | | | | | (1) | (2) | (3) | (4) | (5) | (6) | | | | | | | (7) | (8) |
| | | | (2) | (3) | (4) | (5) | (6) | (7) | | | (11)=(7)+(8)+(9)+(10) | | | (12)=(11)-(6) | | | | | | (13) | (19) |
| 5.5 | Percentage of LGUs provided with resource augmentation | | ANA | ANA | ANA | ANA | ANA | No. of LGU request RA | No. of LGUs provided RA | Percent | No. of LGU request RA | No. of LGUs provided RA | Percent | - | | | | Note: The following LGUs were provided resource augmentation coursed through/requested by the Local Government Units (LGUs), various legislators, walk-in clients and other organizations from January to March 2023: 1. Quezon City 2. Manila 3. Pasig 4. Las Piñas 5. Makati City 6. Caloocan 7. Taguig 8. Mandaluyong 9. Muntinlupa 10.Valenzuela 11. Marikina 12. Parañaque 13. San Juan 14. Navotas | Augmentation to LGUs are based from requests. | | |
| | | | | | | | | 14 | 14 | 100% | 14 | 14 | 100% | | | | | | Ensure availability of resources to continuously provide augmentation support to disaster-affected individuals, groups, and communities. Note: Malabon, Pasay and Pateros were not provided RA since the said LGUs did not request for augmentation to the DSWD-NCR. A total of Php21,491,386.53 worth of assistance to the affected families and individuals coursed through/requested by the LGUs, GAs, NGOs, POs and legislators, including referrals and walk-in clients due to disaster occurrences. | | |
| 5.6 | Percentage of LGUs that rated TA provided as satisfactory or better | | 100% | 100% | 100% | 100% | 100% | Total no. of LGUs provided TA (participated in the client satisfaction tool) | Total no. of LGUs rated TA as satisfactory or better | Percent | Total no. of LGUs provided TA (participated in the client satisfaction tool) | Total no. of LGUs rated TA as satisfactory or better | Percent | - | | | 0% | | | | |
| | | | | | | | | 17 | 17 | 100% | 17 | 17 | 100% | | | | | | | | |
| 5.7 | Percentage of LGUs that rated RA provided as satisfactory or better | | 100% | 100% | 100% | 100% | 100% | Total no. of LGUs provided RA | Total no. of LGUs rated TA as satisfactory or better | Percent | Total no. of LGUs provided RA | Total no. of LGUs rated RA as satisfactory or better | Percent | - | | | 0% | Note: The FO-NCR DRMD utilized the Client Satisfaction Tool of ARTU to measure the satisfaction of the LGUs. | The Client Satisfaction Measurement Form shall be administered to all requesting parties as basis for further improvement of rendered service. | | |
| | | | | | | | | 8 | 8 | 100% | 8 | 8 | 100% | | | | | Eight (8) out of eight (8) LGUs rated the provided esource augmentation with satisfactory or better from January to March 2023. Ratings for the 1st Quarter CY 2023: 1. January 2023 - 5.00/5.00 (VS) 2. February 2023 - 4.89/5.00 (VS) 3. March 2023 - 5.00/5.00 (VS) | | | |

QUARTERLY PHYSICAL REPORT OF OPERATIONS
As of 1st Quarter CY 2023

Department : Department of Social Welfare and Development
Agency : National Capital Region
Operating Unit : Policy Development and Planning Section
Organizational Code (UACS) : 20-001-03-00013

| | |
|---|-----------------------------|
| x | Current Year Appropriations |
| | Supplemental Appropriations |
| | Continuing Appropriations |
| | Off-Budget Account |

| Strategy/ Program/ Sub-Program/ Performance Indicator | | UACS Code | Physical Targets | | | | | Accomplishment | | | Variance | Assessment of Variance | | | Reasons for Variance/ Other Remarks | Steering Measures |
|---|--|-----------|------------------|------|------|------|-------|----------------|-----|----------------------------|----------|------------------------|------|------|---|---|
| | | | Q1 | Q2 | Q3 | Q4 | Total | Q1 | Q2 | Total | | (15) | (16) | (17) | | |
| (1) | | | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (13)=[(7)+(8)]+[(10)+(11)] | (14) | (15) | (16) | (17) | (18) | (19) |
| Policy and Plan Development | | | | | | | | | | | | | | | | |
| 1 | Number of agency policies approved and disseminated | | ANA | ANA | ANA | ANA | ANA | 1 | - | 1 | - | | | | One (1) Regional Memorandum Order was approved and disseminated on February 17, 2023 entitled "RMO No. 001 Series of 2023: An Order amending RMO No. 008 Series of 2018 also known as "Revised Guidelines on the Regional Policy Development and Process" | Functionality of RPDRC and follow through submission of draft policies for further review and approval. |
| 2 | Number of agency plans formulated and disseminated | | 2 | 0 | 3 | 5 | 10 | 2 | - | 2 | - | | | 0% | The following annual plans were formulated and submitted to the concerned offices and oversight agencies: 1. FY 2024 Regional Proposed Budget with accomplished BP Forms submitted to Metropolitan Manila Development Authority as the RDC Chairperson on February 7, 2023; 2. FO NCR Office Performance Contract on January 5, 2023. | |
| | a. Medium-term Plans | | 0 | 0 | 0 | 0 | 0 | - | - | - | - | | | | | |
| | b. Annual Plans | | 2 | 0 | 3 | 5 | 10 | 2 | - | 2 | - | | | 0% | | |
| 3 | Number of researches completed | | ANA | ANA | ANA | ANA | ANA | - | - | - | - | | | | | |
| 4 | Number of position papers prepared | | ANA | ANA | ANA | ANA | ANA | - | - | - | - | | | | | |
| Social Technology Development | | | | | | | | | | | | | | | | |
| | Percentage of frontline and non-frontline service requests acted upon within the Citizen's Charter timelines | | 100% | 100% | 100% | 100% | 100% | 100% | - | 100% | - | | | 0% | | |
| | No. of intermediaries institutionalizing/ replicating completed social technologies | | - | 1 | - | - | 1 | - | - | - | - | | | 0% | No target yet for 1st Quarter CY 2023. | |
| | No. of intermediaries oriented on completed models of intervention | | - | 10 | - | | 10 | - | - | | - | | | 0% | The Social Technology (ST) Expo capacity building activity for LGUs and partner intermediaries is scheduled on the 2nd Quarter. | Note: Three (3) indicators for STU was cascaded by Central Office on October 14, 2022. |
| National Household Targeting System for Poverty Reduction | | | | | | | | | | | | | | | | |
| 21 | No. of intermediaries utilizing Listahanan results for social welfare and development initiatives | | ANA | ANA | ANA | ANA | ANA | 5 | - | 5 | - | | | | | |
| | a. No.of request for statistical data granted | | ANA | ANA | ANA | ANA | ANA | 3 | | 3 | - | | | | The FO-NCR NHTS granted the request for statistical data of the following: 1. RPMO SLP - request data on the number of poor households per city/barangay, 2. UST - request on the number of poor pre-school aged for the city of Paranaque 3. Department of Finance - request on the number of poor individual with PWDs. | The NHTS is assisting internal and external partners on their request for statistical data. |

| Strategy/ Program/ Sub-Program/ Performance Indicator | | UACS Code | Physical Targets | | | | | Accomplishment | | | Variance | Assessment of Variance | | | Reasons for Variance/ Other Remarks | Steering Measures |
|---|--|-----------|------------------|---------|------|------------------|------------------|----------------|----|-------|----------|------------------------|--|---------|---|--|
| | | | Q1 | Q2 | Q3 | Q4 | Total | Q1 | Q2 | Total | | | | | | |
| | b. No. of request for name-matching granted | | ANA | ANA | ANA | ANA | ANA | 2 | | 2 | - | | | | Note: 1. A total of 17,464 households and 618 households from Pantawid were name matched for the 1st Quarter CY 2022 per request of RPMO SLP and Pantawid, respectively. | The NHTS is assisting internal and external partners on their request for name matching. |
| | No. of remaining unassessed 4Ps and MCCT beneficiaries | | - | 146,452 | - | - | 146,452 | - | | - | -146,452 | -100% | | | The following are the reasons for variance for the assessment: 1. Delisted Households - 16,157 2. Inactive Households - 6,173 3. Transferred Residence - 2,658 4. Refused to be interviewed - 194 5. Unlocated - 7,421 6. Merged Households - 48 7. Split Households - 5 8. Safety and Security Reasons - 5 9. No Qualified Respondents - 10 10. Total - 32,679 Reasons for variance for encoding and verification: 1. Low average encoder and verifier output due to Household Assessment Forms (HAFs) issues; 2. Significant number of backouts due to coinciding hiring activity of other National Government Agency, not being to achieve daily target, short contract term, etc. 3. Invalid Listahanan 3 Pantawid ID and those which does not exist remarks in the system. | The variance for assessment was submitted with complete justification while deadline for variances for barcoding, encoding and verification was extended until April 10, 2023 1. Requested augmentation within and outside the Field Office; 2. Pooling of encoders and verifiers from former field staff; 3. Close monitoring of daily output. |
| 26 | Results of the Listahanan 3 assessment launched | | - | - | - | 1 | 1 | - | - | - | - | | | #DIV/0! | No target for 1st Semster CY 2023. | |
| | Regional profile of the poor developed | | - | - | - | 1 | 1 | - | - | - | - | | | #DIV/0! | No target for 1st Semster CY 2023. | |
| | Number of partners with MOA on Listahanan | | - | - | - | 5 | 5 | - | - | - | - | | | #DIV/0! | No target for 1st Semster CY 2023. | |
| | Stakeholder Orientation on Data Sharing conducted | | - | - | - | 100% LGUs & NGAs | 100% LGUs & NGAs | - | - | - | - | | | #DIV/0! | No target for 1st Semster CY 2023. | |
| Information and Communications Technology Management | | | | | | | | | | | | | | | | |
| SP. No. 4 [Continuity] "Improved organizational processes, technological capacity and readiness to adopt with the new normal" | | | | | | | | | | | | | | | | |
| | DSWD Enterprise Network with Uptime of 95 percent for FO | | | | | | | | | | | | | | | |
| | Percentage uptime for Field Office | | 95% | 95% | 95% | 95% | 95% | 95% | | 95% | 0% | | | 0% | | |
| | Number of DSWD Sub-Regional Sites connected to the DSWD Enterprise Network | | 37 | 37 | 37 | 37 | 37 | 37 | | 37 | - | | | | | |
| | Percentage/Number of Information Systems developed/enhanced and maintained | | | | | | | | | | | | | | | |
| | Percentage of functional information systems deployed and maintained | | 100% | 100% | 100% | 100% | 100% | 100% | | 100% | 0% | | | 0% | | |
| | Number of Information systems developed/enhanced in partnership with Business Owner | | 10 | 10 | 10 | 10 | 10 | 10 | | 10 | - | | | | | |
| | Number of information systems maintained thru interventions and corresponding technical assistance to business owner/users | | 10 | 10 | 10 | 10 | 10 | 10 | | 10 | - | | | | | |
| | Purposive data management for information sharing | | | | | | | | | | | | | | | |

| Strategy/ Program/ Sub-Program/ Performance Indicator | | UACS Code | Physical Targets | | | | | Accomplishment | | | Variance | Assessment of Variance | | | Reasons for Variance/ Other Remarks | Steering Measures |
|--|---|-----------|------------------|------|------|------|-------|----------------|----|-------|----------|------------------------|--|----|--|-------------------|
| | | | Q1 | Q2 | Q3 | Q4 | Total | Q1 | Q2 | Total | | | | | | |
| | Percentage of mission critical databases managed and maintained | | 100% | 100% | 100% | 100% | 100% | 100% | | 100% | 0% | | | 0% | | |
| | Number of DSWD databases supporting programs, projects and services managed and maintained | | 1 | 1 | 1 | 1 | 1 | 1 | | 1 | - | | | | | |
| | Percentage of for build-up and deployed databases | | 100% | 100% | 100% | 100% | 100% | 100% | | 100% | 0% | | | 0% | | |
| | Number of for build-up and deployed databases | | 1 | 1 | 1 | 1 | 1 | 1 | | 1 | - | | | | | |
| | Percentage uptime of DSWD Enterprise Network | | | | | | | | | | | | | | | |
| | Percentage Uptime of Local Servers and Storage | | 95% | 95% | 95% | 95% | 95% | 95% | | 95% | 0% | | | 0% | | |
| | Percentage uptime of local datacenter/interim datacenter | | 95% | 95% | 95% | 95% | 95% | 95% | | 95% | 0% | | | 0% | | |
| | Percentage uptime of Power Management and Corresponding Power Backup | | 95% | 95% | 95% | 95% | 95% | 95% | | 95% | 0% | | | 0% | | |
| | Percentage uptime of Heating, ventilation, and Air Conditioning (HVAC) | | 95% | 95% | 95% | 95% | 95% | 95% | | 95% | 0% | | | 0% | | |
| | Number of functional websites developed and maintained | | 2 | 2 | 2 | 2 | 2 | 2 | | 2 | 0% | | | 0% | | |
| | Percentage uptime of Hosted Websites | | 95% | 95% | 95% | 95% | 95% | 95% | | 95% | 0% | | | 0% | | |
| | Digital identity and transactions secured | | | | | | | | | | | | | | | |
| | Percentage of information systems developed subjected to vulnerability assessment and patched accordingly | | 100% | 100% | 100% | 100% | 100% | 100% | | 100% | 0% | | | 0% | | |
| | Number of Information Systems with vulnerability assessment and patched accordingly | | | | | | | | | | - | | | | | |
| | Percentage of network intrusions mitigated and resolved | | 100% | 100% | 100% | 100% | 100% | 100% | | 100% | 0% | | | 0% | | |
| | Number of Intrusion blocked/prevented | | | | | | | | | | - | | | | | |
| | Number of network intrusions against applications | | | | | | | | | | - | | | | | |
| | Percentage of end points secured | | 100% | 100% | 100% | 100% | 100% | 100% | | 100% | 0% | | | 0% | | |
| | Number of endpoints protected by enterprise antivirus/antimalware | | ANA | ANA | ANA | ANA | ANA | 549 | | 0 | - | | | | | |
| | Number of endpoint licenses | | ANA | ANA | ANA | ANA | ANA | 549 | | 0 | | | | | | |

| Strategy/ Program/ Sub-Program/ Performance Indicator | UACS Code | Physical Targets | | | | | Accomplishment | | | Variance | Assessment of Variance | | | Reasons for Variance/ Other Remarks | Steering Measures |
|---|-----------|------------------|-----------|-----------|-----------|-----------|----------------|----|-------|----------|------------------------|--|----|---|-------------------|
| | | Q1 | Q2 | Q3 | Q4 | Total | Q1 | Q2 | Total | | | | | | |
| Responsive ICT support services | | | | | | | | | | | | | | | |
| Percentage of Technical Assistance (TA) requests responded and resolved within the set Service Level Agreement (SLA)/timeline | | 100% | 100% | 100% | 100% | 100% | 100% | | 100% | 0% | | | 0% | | |
| Total Percentage of TA responded and resolved within SLA of All Division | | ANA | ANA | ANA | ANA | ANA | 100% | | 0% | - | | | | | |
| Total Number of TA received | | ANA | ANA | ANA | ANA | ANA | 313 | | 0 | - | | | | | |
| Total Number of TA responded and resolved within SLA | | ANA | ANA | ANA | ANA | ANA | 313 | | 0 | - | | | | | |
| SP. No. 6 [Care] "Capacity Building and Occupational Health" | | | | | | | | | | | | | | | |
| Number of Learning and Development Interventions on ICT Service Management conducted | | 1 | 1 | 1 | 1 | 1 | 1 | | 1 | 0 | | | 0% | | |
| ICTMS personnel are able to attend at least one (1) Learning and Development Intervention (LDI) on Digitalization and Occupational Health Safety Protocol (OHSP). | | 1 | 1 | 1 | 1 | 1 | 1 | | 1 | 0 | | | 0% | | |
| Number of Users Trained on ICT applications, websites, solutions, tools and products | | ANA | ANA | ANA | ANA | ANA | - | | - | - | | | | | |
| ICT systems, facilities and infrastructure put in place | | | | | | | | | | | | | | | |
| Number of new ICT systems, ICT equipment, facilities and infrastructure put in place | | ANA | ANA | ANA | ANA | ANA | - | | - | - | | | | | |
| Number of new facilities and infrastructure put in place | | ANA | ANA | ANA | ANA | ANA | - | | - | - | | | | | |
| Number of ICT equipment put in place | | ANA | ANA | ANA | ANA | ANA | 36 | | - | - | | | | | |
| 27 Number of computer networks maintained | | 607 | 607 | 607 | 607 | 607 | 607 | | 607 | - | | | 0% | | |
| 28 Percentage of functional information systems deployed and maintained | | ANA | ANA | ANA | ANA | ANA | 100% | | 100% | 0.00% | | | | | |
| Total No.of Functional Information Systems | | | | | | | 10 | | 10 | | | | | All system are functional(CrIMS, e-Services-RLA, e-Services-MTA, PPIS, WFPIS, ECCD-IS, SWDI IS, IAMS, Wi_Support Online Psychosocial Support System, SPMIS) | |
| No. of Information Systems Deployed and Maintained | | | | | | | 10 | | 10 | | | | | | |
| 29 Percentage of users trained on ICT applications, tools and products | | NO TARGET | NO TARGET | NO TARGET | NO TARGET | NO TARGET | 0.00% | | 0.00% | 0.00% | | | | | |
| Total no.of Target Users | | | | | | | - | | - | | | | | | |
| No. of Users Trained | | | | | | | - | | - | | | | | | |

| Strategy/ Program/ Sub-Program/ Performance Indicator | | UACS Code | Physical Targets | | | | | Accomplishment | | | Variance | Assessment of Variance | | | Reasons for Variance/ Other Remarks | Steering Measures |
|---|--|-----------|------------------|------|------|------|--------|----------------|---------|---------|----------|------------------------|--|----|---|--|
| | | | Q1 | Q2 | Q3 | Q4 | Total | Q1 | Q2 | Total | | | | | | |
| 30 | Percentage of service support and technical assistance requests acted upon | | ANA | ANA | ANA | ANA | ANA | 100% | | #DIV/0! | 0.00% | | | | | |
| | No. of TA and Support Service Requests Acted Upon | | | | | | | 1,080 | | 0 | | | | | | Continous provision of technical assistance re: access issue, repair, reformat, print problems etc. and conduct of hands on basic troubleshooting guide to users |
| | Total No. of TA and Support Service Requests Received | | | | | | | 1,080 | | 0 | | | | | | |
| 31 | Number of databases maintained | | 10 | 10 | 10 | 10 | 10 | 10 | | 10 | - | | | 0% | | eNGAS, eBudget, Pantawid Regional SWDI, IPD-IS, Payroll System, Pantwid ID System, Pantawid BUS Offline, SAP Search Application, ICT TA Support Database. |
| 32 | Number of functional websites developed and maintained | | 1 | 1 | 1 | 1 | 1 | 1 | | 1 | - | | | 0% | | Ensure request of SMO and other field offices are posted in FO Website(News Articles, Vacancy, Transparency Seal, Invitation to BID) |
| 33 | No. of new ICT systems, facilities and infrastructure put in place | | ANA | ANA | ANA | ANA | ANA | 1 | | 1 | - | | | | | |
| Internal Audit | | | | | | | | | | | | | | | | |
| 34 | Percentage of IAS audit recommendations complied with | | - | 100% | 100% | 100% | 100% | - | #DIV/0! | #DIV/0! | - | | | 0% | | |
| | No. of IAS Audit Recommendations | | - | 29 | 29 | 29 | 29 | - | | 0 | | | | | Per memo issued by CO-Internal Audit Service dated March 13, 2023, quarterly compliance to audit recommendations (CARE) based on approved Fo-NCR Management Action Plan (MAP) will have a deadline on the following dates: Q1 - June 13, 2023 Q2 - September 13, 2023 Q3 - December 13, 2023 Q4 - March 13, 2024 | Continous coordination with the concerned offices and monitoring on quarterly submission of reports and MOV before the deadline. |
| | Total No. of Audit Recommendations Complied | | - | 29 | 29 | 29 | 29 | - | | 0 | | | | | | |
| 35 | Percentage of integrity management measures implemented | | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | | | | | | |
| | Total No. of Integrity Measures Identified | | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | | | | | Note: The indicator is already deleted in OPC for FY 2023. The Office of the former Secretary Tulfo thorough its memorandum to all OBS/FOs dated November 7, 2022 informed that the IMP submission will be temporarily postponed until further notice. | |
| | Total No. of Integrity Measures Implemented | | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | | | | | | |
| Social Marketing | | | | | | | | | | | | | | | | |
| 36 | Percentage of respondents aware of at least 2 DSWD programs except 4Ps | | | | | | 90.00% | 93.00% | - | 93.00% | 3.00% | | | | The conducted KAP Survey was part of the 2nd Semester CY 2022 target which was accomplished on 1st Quarter CY 2023. As such, a total of 110% target participants were already interviewed, however, only 93% of the respondents were aware of atleast 2 DSWD programs. Further, the SMS Central Office will cascade the final results on June 2023. | Through the conducted KAP Survey, the Field Office identified the needs to conduct Information drive and caravans. |

| Strategy/ Program/ Sub-Program/ Performance Indicator | | UACS Code | Physical Targets | | | | | Accomplishment | | | Variance | Assessment of Variance | | | Reasons for Variance/ Other Remarks | Steering Measures |
|---|---|-----------|------------------|----|----|----|-------|----------------|----|-------|----------|------------------------|--|--|---|---|
| | | | Q1 | Q2 | Q3 | Q4 | Total | Q1 | Q2 | Total | | | | | | |
| 37 | Number of social marketing activities conducted | | 27 | 28 | 28 | 28 | 111 | 71 | - | 71 | 44 | 163% | | | | |
| | a. Information caravans (Virtual/Online and Community-based on the Air (radio) conducted by EO December 2021) | | 3 | 3 | 3 | 3 | 12 | 2 | | 2 | 1 | -33% | | | The Information Caravan for the Month of February was replaced by the conduct of KAP Survey. It was rescheduled on June 2023. | |
| | b. Issuance of press releases | | 12 | 12 | 12 | 12 | 48 | 17 | | 17 | 5 | 42% | | | The variance in press releases reflects the increase in demand for news and stories that support the Center and Residential Care Facilities (CRCFs) activities, activities related to Disaster Response, and success stories of Sustainable Livelihood Program and Pantawid Pamilyang Pilipino Program beneficiaries. Continuous promotion and utilization of Social Media platforms of the region (e.g. website and facebook) to disseminate correct information, updates on programs and services implementation is widely used. | |
| | c. Communication campaigns (conducted by end of December 2021) | | - | 1 | 1 | 1 | 3 | 1 | | 1 | 1 | #DIV/0! | | | The communication campaign conducted is in lined with Women's Month Celebration focused in celebrating the achievements of the Field Office women staff. It also aims to raise awareness about domestic violence, acknowledge women in all appearances, contributions, roles, perspectives and to promote equality. | |
| | d. Number of IEC materials developed | | 12 | 12 | 12 | 12 | 48 | 51 | | 51 | 39 | 325% | | | The variance in creating and developing IEC materials is robust since activities has been posted in the DSWD NCR facebook page and sharing of IEC materials from programs counterparts in the National Office of DSWD. | |
| Knowledge Management | | | | | | | | | | | | | | | | |
| 39 | Number of knowledge products on social welfare and development services developed | | - | 2 | - | 1 | 3 | 1 | | 1 | 1 | #DIV/0! | | | One (1) knowledge product submitted entitled Paglaum Volume 2: SLP Field Office NCR Coffee Table Book, a compendium of success stories of SLP. | U/S/C/RCF are required to submit knowledge product based on the Office Performance Contract. |
| 40 | Number of knowledge sharing sessions conducted | | - | 2 | 2 | - | 4 | 2 | | 2 | 2 | #DIV/0! | | | Two (2) knowledge sharing sessions conducted by the Region to wit: 1. FO NCR Orientation on LGU Localization of SWD Laws held on March 9, 2023 via online 2. Monthly Regional Policy Development and Review Committee Meeting held on February 16, 2023 at NVRC, February 3, 2023 at Sanctuary Center, and January 20, 2023 at Nayon ng Kabataan | Big KSS will be conducted thorough fora or orientation. Moreover, continuous KSS will be conducted by the C/RCF/U/Ss. |

QUARTERLY PHYSICAL REPORT OF OPERATIONS
As of 1st Quarter CY 2023

Department : Department of Social Welfare and Development
Agency : National Capital Region
Operating Unit : Policy Development and Planning Section
Organizational Code (UACS) : 20-001-03-00013

| | |
|---|-----------------------------|
| x | Current Year Appropriations |
| | Supplemental Appropriations |
| | Continuing Appropriations |
| | Off-Budget Account |

| Objective/ Program/ Sub-Program/ Performance Indicator | UACS Code | Physical Targets | | | | | PHYSICAL ACCOMPLISHMENT | | | Variance | Reasons for Variance | Assessment of Variance | | | Steering Measures |
|--|--|--|--------|--------|--------|--------|-------------------------|---------|------------------------|----------|----------------------|------------------------|------|------|-------------------|
| | | Q1 | Q2 | Q3 | Q4 | Total | Q1 | Q2 | Total | | | | | | |
| (1) | | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (13)=(7)+(8)+(10)+(11) | (14) | (15) | (16) | (17) | (18) | (19) |
| GENERAL ADMINISTRATION AND SUPPORT SERVICES | | | | | | | | | | | | | | | |
| Human Resource and Development | | | | | | | | | | | | | | | |
| 1 | Percentage of positions filled-up | | 14.92% | 30.02% | 25.05% | 30.02% | 100.00% | 22.10% | 0.00% | 22.10% | -77.90% | | | | |
| | 1.1. Permanent/Contractual | | | | | | | | | | | | | | |
| | No. of Positions Filled up | | 26 | 53 | 44 | 52 | 175 | 25 | 0 | 25 | -1 | | | | |
| | Male | | | | | | | 10 | | 10 | | | | | |
| | Female | | | | | | | 15 | | 15 | | | | | |
| | Total no. of Positions with Request for Posting | | 175 | 175 | 175 | 175 | 175 | 175 | 175 | 175 | | | | | |
| | Male | | | | | | | | | | | | | | |
| | Female | | | | | | | | | | | | | | |
| | 1.2 Job Order/Contract of Service | | | | | | | | | | | | | | |
| | No. of Positions Filled up | | 55 | 110 | 92 | 111 | 368 | 95 | 0 | 95 | 40 | | | | |
| | Male | | | | | | | 36 | | 36 | | | | | |
| | Female | | | | | | | 59 | | 59 | | | | | |
| | Total no. of Positions with Request for Posting | | 368 | 368 | 368 | 368 | 368 | 368 | 368 | 368 | | | | | |
| | Male | | | | | | | | | | | | | | |
| | Female | | | | | | | | | | | | | | |
| | 2 | Percentage of regular staff provided with at least 1 learning and development intervention | | 7.04% | 22.54% | 35.21% | 35.21% | 100.00% | 7.04% | #DIV/0! | 7.04% | 0.00% | | | |
| | No.of Staff Provided with Learning and Development Interventions | | 30 | 96 | 150 | 150 | 426 | 30 | - | 30 | - | | | | |
| | Male | | 3 | 19 | 50 | 50 | 122 | 3 | | 3 | | | | | |
| | Female | | 27 | 77 | 100 | 100 | 304 | 27 | | 27 | | | | | |
| | Total No. of Regular Staff | | 426 | 426 | 426 | 426 | 426 | 426 | - | 426 | 435 | | | | |
| | Male | | | | | | | 122 | | 122 | | | | | |
| | Female | | | | | | | 304 | | 304 | | | | | |

| Objective/ Program/ Sub-Program/ Performance Indicator | | UACS Code | Physical Targets | | | | | PHYSICAL ACCOMPLISHMENT | | | Variance | Reasons for Variance | Assessment of Variance | | | Steering Measures |
|--|---|-----------|------------------|---------|---------|------|---------|-------------------------|---------|---------|----------|--|------------------------|--|--|--|
| | | | Q1 | Q2 | Q3 | Q4 | Total | Q1 | Q2 | Total | | | | | | |
| 4 | Number of personnel infected with COVID 19 regardless of work arrangement and employment status Department-wide | | ANA | ANA | ANA | ANA | ANA | 2 | - | 2 | - | | | | | |
| | Male | | | | | | | 2 | | 2 | | | | | | Continous compliance to health and safety protocols to prevent the increase of covid cases in the Field Office. |
| | Female | | | | | | | - | | - | | | | | | |
| 5 | Number of personnel regardless of status provided with support and assistance | | ANA | ANA | ANA | ANA | ANA | 13 | - | 13 | - | | | | | |
| | Infected Personnel | | | | | | | 2 | - | 2 | | | | | | Issuance of food packs/ assistance to personnel. |
| | Male | | | | | | | 2 | | 2 | | | | | | |
| | Female | | | | | | | - | | - | | | | | | Issuance of mortuary memo for voluntary assistance is routed via records section. Provision of flowers and food assistance for the families. Likewise, conduct of orientation on cardio vascular disease initiated by Manila Medical Center. Booster incoluation to 242 DSWD personnel and their families. |
| | Bereaved Personnel | | | | | | | 11 | - | 11 | | Most reasons of demise is due to health concerns such as cancer, hypertension, among others., No related death caused by COVID-19 sickness. | | | | |
| | Male | | | | | | | 6 | | 6 | | | | | | |
| | Female | | | | | | | 5 | | 5 | | | | | | |
| 6 | Percentage of staff provided with compensation/benefits within timeline | | 100% | #DIV/0! | #DIV/0! | 100% | #DIV/0! | 99.83% | #DIV/0! | #DIV/0! | #DIV/0! | | | | | |
| | 6.1 Regular/Casual/Contractual | | | | | | | | | | | | | | | |
| | Total No. of staff | | 1,326 | 0 | 0 | 0 | 0 | 1,326 | 0 | 0 | | The following staff did not received compensation/benefits within the prescribed timeline due to the following: due to: 1. Three (3) Permanent/Contractual staff did not received their clothing allowance for not meeting the required rendered services for at least six (6) months in a fiscal year, including paid leaves of absence. | | | | Continuous implementation of the schedule of the submission of the Daily Time Record (DTR) and payment of COS/JO employees Continuous implementation of Memorandum dated April 20, 2022 on the submission of DTR for Permanent, Casual, Contractual and MOA Employees. Implementation of DBM Budget Circular No. 2018-1 dated March 8, 2018 on the Rules and Regulations on the Grant of Uniform / Clothing Allowance (U/CA) to Civilian Government Personnel. |
| | Male | | 343 | | | | | 343 | | | | | | | | |
| | Female | | 983 | | | | | 983 | | | | | | | | |
| | No.of Staff Receiving Salary and Benefits on Time | | 1,326 | 0 | 0 | 0 | 0 | 1,323 | 0 | 0 | -3 | | | | | |
| | Male | | 343 | | | | | 342 | | | | | | | | |
| | Female | | 983 | | | | | 981 | | | | | | | | |

| Objective/ Program/ Sub-Program/ Performance Indicator | UACS Code | Physical Targets | | | | | PHYSICAL ACCOMPLISHMENT | | | Variance | Reasons for Variance | Assessment of Variance | | Steering Measures | |
|--|---|------------------|-----|-----|-----|-------|-------------------------|---------|---------|----------|---|---|--|-------------------|--|
| | | Q1 | Q2 | Q3 | Q4 | Total | Q1 | Q2 | Total | | | | | | |
| 6.2 COS Workers Payroll (MOA and JO) | | | | | | | | | | | | | | | |
| Total No. of staff | | 962 | 0 | 0 | 0 | 0 | 962 | 0 | 0 | | The following staff did not received salary/ benefits within the prescribed timeline due to: 1. One (1) staff's salary is currently on-hold due to resignation | -0.10% | Continuous implementation of the schedule of the submission of the Daily Time Record (DTR) and payment of COS/JO employees Continuous implementation of Memorandum dated April 20, 2022 on the submission of DTR for Permanent, Casual, Contractual and MOA Employees. Implementation of DBM Budget Circular No. 2018-1 dated March 8, 2018 on the Rules and Regulations on the Grant of Uniform / Clothing Allowance (U/CA) to Civilian Government Personnel. | | |
| Male | | 344 | | | | | 344 | | | | | | | | |
| Female | | 618 | | | | | 618 | | | | | | | | |
| No. of Staff Receiving Salary and Benefits on Time | | 962 | 0 | 0 | 0 | 0 | 961 | 0 | 0 | -1 | | | | | |
| Male | | 344 | | | | | 344 | | | | | | | | |
| Female | | 618 | | | | | 617 | | | | | | | | |
| Legal Services | | | | | | | | | | | | | | | |
| 7 | Percentage of disciplinary cases resolved within timeline | | ANA | ANA | ANA | ANA | ANA | 100% | 100% | 100% | - | The disciplinary cases filed against the erring employees of the DSWD-NCR were acted upon within the prescribed period. | | | |
| | Total No. of Disciplinary Cases Resolved within Timeline | | ANA | ANA | ANA | ANA | ANA | 16 | | 16 | | | | | |
| | 7. 1 Number of disciplinary cases initiated | | ANA | ANA | ANA | ANA | ANA | - | | - | | | | | |
| | 7. 2 Number of complaints resolved | | ANA | ANA | ANA | ANA | ANA | 16 | | 16 | | | | | |
| 8 | Percentage of litigated cases resolved in favor of the Department or Department Personnel | | ANA | ANA | ANA | ANA | ANA | #DIV/0! | #DIV/0! | #DIV/0! | - | | | | |
| | No. of Litigated Cases Resolved with Favorable Outcome | | | | | | | - | - | - | | | | | |
| | Total No. of Litigated Cases Resolved | | | | | | | - | - | - | | | | | |
| | 7.5.1 Number of hearings attended | | | | | | | - | - | - | | | | | |
| | 7.5.2 Number of preliminary investigations and/or case conferences attended | | | | | | | 5 | - | 5 | | All case conference and preliminary investigations needing the assistance of a lawyer was attended by the Legal Unit. | | | |
| 9 | Percentage of requests for legal assistance addressed | | ANA | ANA | ANA | ANA | ANA | 100% | #DIV/0! | 100% | - | All clients seeking legal advice/opinion were properly accomodated and were given technical assistance on the same day. | | | |
| | No. of Legal Assistance Requests Addressed | | | | | | | 65 | | 65 | | | | | |
| | Total No. of Legal Assistance Requests | | | | | | | 65 | - | 65 | | | | | |
| | 7.6.1 Number of written legal opinions provided | | | | | | | 40 | | 40 | | | | | |
| | 7.6.2 Number of TAs provided to clients | | | | | | | 80 | | 80 | | | | | |

| Objective/ Program/ Sub-Program/ Performance Indicator | | UACS Code | Physical Targets | | | | | PHYSICAL ACCOMPLISHMENT | | | Variance | Reasons for Variance | Assessment of Variance | | | Steering Measures |
|---|---|-----------|------------------|--------|--------|--------|--------|-------------------------|---------|--------|----------|--|---------------------------|----|---|---|
| | | | Q1 | Q2 | Q3 | Q4 | Total | Q1 | Q2 | Total | | | | | | |
| Administrative Services | | | | | | | | | | | | | | | | |
| 10 | Number of facilities repaired/renovated | | 10 | 10 | 10 | 10 | 10 | 10 | | 10 | - | | | 0% | Admin Division continously processing facilities needing repair. Provide technical assistance and regular monitoring, supervision of designated admin staff in the C/RCFs, preparation of feedback report and crafting of other needed technical/engineering documents, if necessary. | |
| 11 | Percentage of real properties titled | | 20.00% | 20.00% | 20.00% | 20.00% | 20.00% | 20.00% | #DIV/0! | 20.00% | - | | | | | |
| | <i>No.of Real Properties with Title</i> | | 1 | 1 | 1 | 1 | 1 | 1 | | 1 | - | | | 0% | Titling is not within Field Office control because titling of properties requires a long and tendious process involving coordination and negotiation with DENR, DPWH and Office of the President including the Land Transportation Authority. Records would show that our Property, Assets and Supply Management Section (PAMS), since 2016 up to present has consistently implemented all grounds work for this undertaking. | |
| | <i>Total No.of DSWD-owned Real Properties</i> | | 5 | 5 | 5 | 5 | 5 | 5 | | 5 | | | | | | |
| 12 | Number of vehicles maintained and managed | | 15 | 15 | 15 | 15 | 15 | 15 | | 15 | - | There are 15 vehicles maintained and managed by the GASS. | | | 0% | Conduct of preventive maintenance (PME) and monitoring of all Field Office vehicles every Saturday and provision of technical assistance to C/RCFs. |
| 13 | Percentage of records digitized/disposed | | ANA | ANA | ANA | ANA | ANA | 100% | 100% | 71.88% | 28.12% | | | | | |
| | <i>Percentage of records digitized</i> | | ANA | ANA | ANA | ANA | ANA | 100% | #DIV/0! | 100% | 0% | | | 0% | All incoming issuances/memoranda received by the Records Section are digitized. (Scanning only) | |
| | Number of records digitized | | | | | | | 882 | | 882 | | | | | | |
| | Number of records identified for digitization | | | | | | | 882 | | 882 | | | | | | |
| | <i>Percentage of records disposed</i> | | ANA | ANA | ANA | ANA | ANA | 0% | #DIV/0! | 0% | -100% | The identified disposal records are 345 sacks which will be disposed on 3rd Quarter CY 2023. | -100% | | | |
| | Number of records disposed | | | | | | | 0 | | 0 | | | | | | |
| | Number of records identified for disposal | | | | | | | 345 | | 345 | | | | | | |

| Objective/ Program/ Sub-Program/ Performance Indicator | UACS Code | Physical Targets | | | | | PHYSICAL ACCOMPLISHMENT | | | Variance | Reasons for Variance | Assessment of Variance | | | Steering Measures |
|---|-----------|------------------|-----|-----|-----|-------|-------------------------|------------------|------------------|----------|--|---------------------------|--|----|---|
| | | Q1 | Q2 | Q3 | Q4 | Total | Q1 | Q2 | Total | | | | | | |
| Financial Management | | | | | | | | | | | | | | | |
| 14 Percentage of budget utilized | | | | | | | | | | | | | | | |
| a. Actual Obligations Over Actual | | | | | | | | | | | Variance resulted from the following reasons: 1. Frontloading of Continuing funds as directed by the Central Office. 2. Work & Financial Plan under Centrally Managed Funds are awaiting for approval from Central Office. | | | | 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, including frontloading of Continuing funds, processing of NORSA (with Accounting). 2. Provide the centers/offices/sections/units with the status of funds report every month. 3. Assist the centers/offices/sections/units in the processing various financial transactions relative to fund utilization such as modification, certification of availability of allotment, obligation, and adjustments. 4. Continuously provide feedbacks to the Office of the Regional Director thru RMDC and Budget Review. |
| a.1.1 Current - Direct Release Fund | | 25% | 25% | 25% | 25% | 100% | 6.52% | #DIV/0! | 6.52% | -18.48% | | -74% | | | |
| Total Actual Obligation Incurred | | | | | | | 261,424,278.84 | | 261,424,278.84 | | | | | | |
| Total Actual Annual Allotment Received | | | | | | | 4,008,293,000.00 | | 4,008,293,000.00 | | | | | | |
| a.1.2 Current - Centrally Managed | | 25% | 25% | 25% | 25% | 100% | 59.40% | #DIV/0! | 59.40% | 34.40% | | 138% | | | |
| Total Actual Obligation Incurred | | | | | | | 1,183,629,561.39 | | 1,183,629,561.39 | | | | | | |
| Total Actual Annual Allotment Received | | | | | | | 1,992,562,913.51 | | 1,992,562,913.51 | | | | | | |
| a.2.1 Continuing - Direct Release Fund | | 50% | 50% | - | - | 100% | 41.47% | #DIV/0! | 41.47% | -8.53% | | -17% | | | |
| Total Actual Obligation Incurred | | | | | | | 103,186,187.20 | | 103,186,187.20 | | | | | | |
| Total Actual Annual Allotment Received | | | | | | | 248,819,490.97 | | 248,819,490.97 | | | | | | |
| a.2.2 Continuing - Centrally Managed | | 50% | 50% | - | - | 100% | 44.34% | #DIV/0! | 44.34% | -5.66% | | -11% | | | |
| Total Actual Obligation Incurred | | | | | | | 168,897,073.49 | | 168,897,073.49 | | | | | | |
| Total Actual Annual Allotment Received | | | | | | | 380,918,354.72 | | 380,918,354.72 | | | | | | |
| b. Actual Disbursements over Actual | | | | | | | | | | | | | | | |
| b.1 Current | | 25% | 25% | 25% | 25% | 100% | 64.09% | 0.00% | 64.09% | 39.09% | | 156% | | | |
| Total Actual Disbursement | | | | | | | 926,177,453.92 | | 926,177,453.92 | | | | | | |
| Total Actual Annual Obligation Incurred | | | | | | | 1,445,053,840.23 | 1,445,053,840.23 | 1,445,053,840.23 | | | | | | |
| b.2 Continuing | | 25% | 25% | 25% | 25% | 100% | 46.22% | 0.00% | 46.22% | 21.22% | | 85% | | | |
| Total Actual Disbursement | | | | | | | 125,750,610.77 | | 125,750,610.77 | | | | | | |
| Total Actual Annual Obligation Incurred | | | | | | | 272,083,260.69 | 272,083,260.69 | 272,083,260.69 | | | | | | |
| Percentage of cash utilized | | | | | | | | | | | | | | | |
| c. Actual Disbursements over Actual | | | | | | | | | | | | | | | |
| c.1 Current Appropriation | | | | | | 100% | 100% | #DIV/0! | 100% | 0% | | | | 0% | The Cash Section sends copy of NTA/NCA to the concerned D/C/RCF/S/Us and prepares letter weeks before lapse of NTA to remind them of the remaining cash allocation. |
| Total Actual Disbursement | | | | | | | 1,000,891,052.96 | | 1,000,891,052.96 | | | | | | |
| Total Actual Annual Payables | | | | | | | 1,000,891,052.96 | | 1,000,891,052.96 | | | | | | |
| c.2 Continuing Appropriation | | | | | | 100% | 100% | #DIV/0! | 100% | 0% | | | | 0% | |
| Total Actual Disbursement | | | | | | | 121,311,021.22 | | 121,311,021.22 | | | | | | |
| Total Actual Annual Payables | | | | | | | 121,311,021.22 | | 121,311,021.22 | | | | | | |
| c.3 Accounts Payables | | | | | | 100% | 100% | #DIV/0! | 100% | 0% | | | | 0% | |
| Total Actual Disbursement | | | | | | | 164,831,921.88 | | 164,831,921.88 | | | | | | |
| Total Actual Annual Payables | | | | | | | 164,831,921.88 | | 164,831,921.88 | | | | | | |

| | Objective/ Program/ Sub-Program/ Performance Indicator | UACS Code | Physical Targets | | | | | PHYSICAL ACCOMPLISHMENT | | | Variance | Reasons for Variance | Assessment of Variance | | | Steering Measures |
|----|--|-----------|------------------|---------|---------|---------|-------|-------------------------|---------|----------------|----------|---|------------------------|------|-------|--|
| | | | Q1 | Q2 | Q3 | Q4 | Total | Q1 | Q2 | Total | | | | | | |
| 15 | Percentage of cash advance liquidated | | | | | | | | | | | | | | | |
| | a. Advances to officers and employees | | | | | | | | | | | | | | | |
| | a.1 Current Year | | 25% | 25% | 25% | 25% | 100% | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | Considerately, the effort of the Accounting Section in the issuance of memorandum relative to the on-time liquidation of cash advances. | | | ##### | The Accounting Section managed to receive and process the liquidation of all cash advances granted to officers and employees for FY 2022. |
| | Total Amount Liquidated | | | | | | | 0.00 | | 0.00 | | | | | | |
| | Total Cash Advance Processed | | | | | | | 0.00 | | 0.00 | | | | | | |
| | a.2 Prior Years | | 25% | 25% | 25% | 25% | 100% | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | | | | | |
| | Total Amount Liquidated | | | | | | | 0.00 | | 0.00 | | | | | | |
| | Total Cash Advance Processed | | | | | | | 0.00 | | 0.00 | | | | | | |
| | b. Advances to SDOs | | | | | | | | | | | | | | | |
| | b.1 Current Year | | 10% | 35% | 30% | 25% | 100% | 7.31% | #DIV/0! | 7.31% | -2.69% | Late submission of Liquidation Reports of SDOs and delay processing of liquidation report due incompletene and lack of documentary requirements. | 365% | | | The variance was attributed from November to December CAs granted to SDOs. The Accounting Section issued memo realtive to the deadline of submission of liquidation for all CAs granted until December 16, 2022. |
| | Total Amount Liquidated | | | | | | | 60,291,679.03 | | 60,291,679.03 | | | | | | |
| | Total Cash Advance Processed | | | | | | | 825,161,728.44 | | 825,161,728.44 | | | | | | |
| | b.2 Prior Years | | 10% | 35% | 30% | 25% | 100% | 85.68% | #DIV/0! | 85.68% | 75.68% | | | | | |
| | Total Amount Liquidated | | | | | | | 516,456,968.40 | | 516,456,968.40 | | | | | | |
| | Total Cash Advance Processed | | | | | | | 602,753,540.37 | | 602,753,540.37 | | | | | | |
| | c. Inter-agency transferred funds | | | | | | | | | | | | | | | |
| | c.1 Current Year | | 10% | 35% | 30% | 25% | 100% | 0.00% | #DIV/0! | 0.00% | -10.00% | For Current Year, Fund transfer for the implementation of Social Pension Program contributes to the bulk in the unliquidated funds. | 179% | | | For issuance of demand letters if no liquidation receive within 60 days |
| | Total Amount Liquidated | | | | | | | 0.00 | | 0.00 | | | | | | |
| | Total Cash Advance Processed | | | | | | | 847,858.30 | | 847,858.30 | | | | | | |
| | c.2 Prior Years | | 10% | 35% | 30% | 25% | 100% | 55.79% | #DIV/0! | 55.79% | 45.79% | | | | | |
| | Total Amount Liquidated | | | | | | | 310,955,723.98 | | 310,955,723.98 | | | | | | |
| | Total Cash Advance Processed | | | | | | | 557,360,115.94 | | 557,360,115.94 | | | | | | |
| 16 | Percentage of AOM responded within timeline | | 90% | #DIV/0! | #DIV/0! | #DIV/0! | 100% | 80.00% | #DIV/0! | 80.00% | -10.00% | | | | | |
| | No.of AOM Responded withinTimeline | | 18 | 2 | 0 | 0 | 20 | 16 | | 16 | | Two (2) out of 18 targets for Q1 were not responded due to emergency medical surgery of new OIC-Section Head of concerned Office (PAMS) to respond to these AOMS. Currently, the ORD-IAU is in coordiantion with the Division Chief for immediate action. | | -11% | | Agreement on the MAA request from COA to furnish a copy of all AOMS for active monitoring to ensure timely submisison of responses. |
| | Total No.of AOM Received | | 20 | 0 | 0 | 0 | 20 | 20 | | 20 | | | | | | |

| | Objective/ Program/ Sub-Program/ Performance Indicator | UACS Code | Physical Targets | | | | | PHYSICAL ACCOMPLISHMENT | | | Variance | Reasons for Variance | Assessment of Variance | | | Steering Measures |
|----------------------|---|-----------|------------------|------|------|------|-------|-------------------------|---------|---------|----------|---|------------------------|--|----|---|
| | | | Q1 | Q2 | Q3 | Q4 | Total | Q1 | Q2 | Total | | | | | | |
| 17 | Percentage of NS/ND complied within timeline | | 100% | 100% | 100% | 100% | 100% | 0.00% | #DIV/0! | #DIV/0! | #DIV/0! | | | | | |
| | No. of Notice of Suspension/Notice of Disallowances Responded within Timeline | | ANA | ANA | ANA | ANA | ANA | - | | - | | No Notice of Suspension/Notice of Disallowances from COA for CY 2023 as of date of this reporting. | ##### | | | Active coordination with Legal Unit and concerned Offices upon receipt of the COA notices. |
| | No. of Notice of Suspension/Notice of Disallowances Received | | ANA | ANA | ANA | ANA | ANA | - | | - | | | | | | |
| Procurement Services | | | | | | | | | | | | | | | | |
| 18 | Percentage of procurement projects completed in accordance with applicable rules and regulations | | 100% | 100% | 100% | 100% | 100% | 91.21% | #DIV/0! | 91.21% | -8.79% | | | | | |
| | Total No. of PR Received | | ANA | ANA | ANA | ANA | ANA | 91 | | 91 | | Due to ineligibility of suppliers, two (2) PRs are recanvass while a total of 28 PRs for alternative mode of procurement were awarded, a total of 19 PRs for public bidding and 34 PRs are on process. | -9% | | | To avoid recanvassing, provide technical assistance to the end-user about the specifications of their purchase request. Expedite all purchase requests to meet the desired implementation timeline. |
| | No. of PR Processes Awarded and Contracted on Time | | ANA | ANA | ANA | ANA | ANA | 83 | | 83 | | | | | | |
| 19 | Percentage compliance with reportorial requirements from oversight agencies | | 100% | 100% | 100% | 100% | 100% | 100.00% | #DIV/0! | 100.00% | 0.00% | | | | | |
| | Total No. of Reports Required by Oversight Agencies | | 4 | 0 | 4 | 1 | 9 | 4 | | 4 | | Note: The following reports were prepared and submitted by FO-NCR Bids and Awards Committee to the oversight agencies: 1. Submission of Approved APP FY 2023 (submitted to GPPB, AO25, Procurement Service, Central Office on January 30, 2023); 2. Submission of Certificate of Compliance for Early Procurement Activities for FY 2023 (submitted to AO25 GPPB, and Procurement Service, Central Office on January 30, 2023); 3. Submission of Procurement Monitoring Report (PMR) FY 2022 2nd Semester submitted to GPPB, Procurement Service - Central Office on January 13, 2023; 4. Submission of Agency Procurement Compliance and Performance Indicator System FY 2022 to GPPB on March 24, 2023. | | | 0% | Preparation and submission of the reportorial requirements required by oversight agencies. BAC to ensure that reportorial requirements are submitted on time. |
| | No. of Reports Required complied with | | 4 | 0 | 4 | 1 | 9 | 4 | | 4 | | | | | | |
| | Percentage of Technical Assistance provided to Central Office OBSUs and Field Offices relating to various procurement projects as requested and/or as initiated through Procurement | | ANA | ANA | ANA | ANA | ANA | 100% | #DIV/0! | 100% | - | Note: FO-NCR BAC provided technical assistance to 12 CRCFs regarding the Procurement Plan and Process in a quarterly basis. | | | | Provision of technical assistance to D/C/RCF/S/Us quarterly or as need arises. |
| | Number of TAs provided | | - | - | - | - | - | 12 | | 12 | | | | | | |
| | Total Number of TA request received | | - | - | - | - | - | 12 | | 12 | | | | | | |
| | Number of innovative/good practices for organizational and process excellence | | ANA | ANA | ANA | ANA | ANA | - | - | - | - | | | | | |
| | Percentage of capacity-building trainings/workshops conducted as planned | | ANA | ANA | ANA | ANA | ANA | - | | - | - | | | | | |

| Objective/ Program/ Sub-Program/ Performance Indicator | | UACS Code | Physical Targets | | | | | PHYSICAL ACCOMPLISHMENT | | | Variance | Reasons for Variance | Assessment of Variance | | | Steering Measures |
|---|--|-----------|------------------|------|------|------|-------|-------------------------|---------|--------|----------|--|------------------------|--|--|-------------------|
| | | | Q1 | Q2 | Q3 | Q4 | Total | Q1 | Q2 | Total | | | | | | |
| 20 | Percentage of Central Office OBSUs and other procurement partners satisfied with the services rendered | | 100% | 100% | 100% | 100% | 100% | 70.00% | #DIV/0! | 70.00% | -30.00% | Note: The BAC Secretariat used the Client Satisfaction and Measurement Survey (CSMS) to measure the level of satisfaction provided to OBSUs. | | | | |
| | Total No. of CO OBSUs and procurements partners satisfied with the services rendered | | | | | | | 35 | | 35 | | | | | | |
| | Total No. of CO OBSUs and procurements partners subjected for satisfaction survey | | | | | | | 50 | | 50 | | | | | | |