

Provision of Resource Person to DSWD Intermediaries and Stakeholders

This process responds to the request for a resource person to capacitate the external intermediaries and stakeholders with the needed knowledge and skills to effectively implement social welfare and development and social protection programs and services that are responsive to the needs of different sectoral groups in the community.

| Office or Division: | Office of the Regional Director – Knowledge Management Section | | | | |
|---|---|------------------------------|--------------------|---|--|
| Classification: | Complex | | | | |
| Type of Transaction: | G2G - Government to Government G2C - Government to Citizen | | | | |
| Who may avail: | All external intermediaries and stakeholders such as other National Government Agencies (NGAs), Non-Government Organizations (NGOs), Local Government Units (LGUs), and Academe and Civil Society Organizations (CSOs) | | | | |
| CHECKLIST OF RE | | | | | |
| copy) | | | Requesting party | | |
| 2. Request Form (if app copy) | blicable: 1 scanned | | | | |
| 3. Client Satisfaction Measurement Survey | | Knowledge Management Section | | | |
| CLIENT STEPS | AGENCY ACTIONS | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE | |
| After recording, forward the request letter to the KMS Note: Generate copies of the reque and copy furnish th ORD, ARD, and Assigned DCs for information 1.2 Receive and record the request letter at forward it to the Section Head/OIC/ for review of the request. 1.3 Receive and review the request letter, | check, and log the request letter. After recording, forward the request letter to the KMS <i>Note: Generate</i> <i>copies of the request</i> <i>and copy furnish the</i> <i>ORD, ARD, and</i> <i>Assigned DCs for</i> <i>information</i> | None | 4 hours | Ms. Jenny Kim C. Ramirez SWO II – OIC, Technical Advisory Assistance and Other Related Support Services (TAAORSS) Ms. Agnes A. Mateo AO V – Records and Archives Management Section | |
| | request letter and forward it to the Section Head/OIC/ for review of the | | 2 hours | Ms. Jenny Kim C. Ramirez SWO II – OIC, Technical Advisory Assistance and Other Related Support Services (TAAORSS) | |
| | 1.3 Receive and review the | | 4 hours | Ms. Jenny Kim C. Ramirez SWO II – OIC, Technical Advisory Assistance and Other | |



| | igned staff | | Related Support |
|------------|---------------|----------|----------------------|
| | essing. | | Services (TAAORSS) |
| | view the | | |
| comple | teness of | | |
| the req | uest. | | |
| 1.4.1 lf | the | | |
| details | of the | | |
| reques | are | | |
| comple | te, identify | | |
| a resou | | | |
| person | by | | |
| checkir | | | |
| | y of Core | | |
| Group | | | |
| Specia | | | |
| 1.4.2 lf | | | |
| comple | | | Ms. Jenny Kim C. |
| • | ate with | | Ramirez |
| | uestor to | | SWO II – OIC, |
| comple | | 4 hours | Technical Advisory |
| details. | | | Assistance and Other |
| | | | Related Support |
| Note: | | | Services (TAAORSS) |
| a. If the | request | | |
| | preference | | |
| | the activity, | | |
| | ned KMS | | |
| | ll check the | | |
| available | hange the | | |
| | re shall be | | |
| | ble RP on | | |
| | e preferred | | |
| one. | | | |
| b. If the | | | |
| letter pro | | | |
| | nformation, | | |
| Form to | Request | | |
| requeste | | | |
| 1.5 On | | | |
| | specialist | | |
| | fied per | | |
| databa | • | | |
| | ate with | | |
| | ervisor of | | Ms. Jenny Kim C. |
| | S member | | Ramirez |
| (Specia | | | SWO II – OIC, |
| · · · | and check | 18 hours | Technical Advisory |
| on their | | | Assistance and Other |
| availab | | | Related Support |
| | iity. | | Services (TAAORSS) |
| Note: If t | he | | |
| supervis | | | |
| | mber will | | |
| not be a | | | |
| | within an | | |
| hour, as | signed KMS | | |



| staff shall e-mail the | | |
|------------------------|---|------|
| CGS member with | | |
| | | |
| the details of the | | |
| request. | | |
| 1.5.1. If the | | |
| | | |
| senior specialist | | |
| is not available, | | |
| coordinate with | | |
| | | |
| the prospective | | |
| RPs in the | | |
| following order: | | |
| | | |
| 1. Junior | | |
| Specialist (JS) | | |
| | | |
| 2. Program Focal | | |
| (PF) | | |
| 3. SWDL-Net | | |
| | | |
| Member | | |
| 4. Other DSWD | | |
| Experts | | |
| | 4 | |
| 1.5.2. If no RP is | | |
| available, | | |
| | | |
| coordinate with | | |
| the requestor and | | |
| negotiate the | | |
| | | |
| date of the | | |
| activity to suit the | | |
| | | |
| availability of the | | |
| prospective RP | | |
| and the | | |
| | | |
| requester. | | |
| 1.5.2.1. If the | | |
| | | |
| requester is | | |
| amenable to | | |
| | | |
| changing the | | |
| date, the same | | |
| process of | | |
| | | |
| coordination, | | |
| following the | | |
| sequence, shall | | |
| - | | |
| be done. | | |
| | | |
| Note: If an RP is | | |
| | | |
| available, send a | | |
| confirmation slip for | | |
| approval of the | | |
| immediate | | |
| supervisor of the RP | | |
| | 1 | |
| 1.6. Prepare and | | |
| forward the | | |
| Confirmation | | |
| | | |
| Letter/ Regret | | |
| Letter, and RSO/ | | |
| | | |
| Referral Letter to | | |
| the KMS Section | | |
| Head for review | | |
| | | |
| and initials. | | |
| | | |



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|--|---|---------|---|
| 1.6 Review and assess the request1.6.1. If no RP is available and the requester is not amenable to changing the date, prepare a letter of regret. | { | 8 hours | Ms. Jenny Kim C. Ramirez SWO II – OIC, Technical Advisory Assistance and Other Related Support Services (TAAORSS) |
| 1.7. Review and forward the confirmation Letter/ Regret Letter, and RSO/ Referral Letter to the Office of the Regional Director. 1.7.1. with corrections: Return the Confirmation Letter/ Regret Letter and draft RSO to the assigned KMS staff. 1.7.2. with no correction: Forward the Confirmation Letter/ Regret Letter, and RSO to the Regional Director. Note: Forward the RSO to the DC of the RP for countersigning before submission for approval of the RD | | 4 hours | Ms. Jenny Kim C. Ramirez SWO II – OIC, Technical Advisory Assistance and Other Related Support Services (TAAORSS) |
| 1.8. Review and approve the Confirmation Letter/ Regret Letter, and RSO/ Referral Letter. 1.8.1. if with corrections: Return the | | 8 hours | Atty. Michael Joseph J. Lorico Regional Director Field Office NCR |



| | Confirmation | | | |
|-----------------------------|------------------------------|------|-------------|---|
| | Letter/ Regret | | | |
| | Letter, and RSO/ | | | |
| | Referral Letter to | | | |
| | KMS Head. | | | |
| | 1.8.2. If with no | | | |
| | corrections: | | | |
| | Approve the | | | |
| | Confirmation | | | |
| | Letter/ Regret | | | |
| | Letter, and RSO/ | | | |
| | Referral Letter | | | |
| | then forward to | | | |
| | KMS | | | |
| | Administrative | | | |
| | Staff. 1.9. Send the | | | |
| | Confirmation | | | |
| | Letter/ Regret | | | |
| | Letter, and | | | |
| | CSMS Form | | | |
| | (google form) to | | | Ms. Jenny Kim C. |
| | the Requester. | | | Ramirez |
| | Then provide the | | | SWO II – OIC, |
| | RP supervisor | | 3 hours, 50 | Technical Advisory |
| | with an RSO/ | | minutes | Assistance and Other |
| | Referral Letter to | | | Related Support |
| | SWD L-Net | | | Services (TAAORSS) |
| | Member. | | | |
| | _ | | | |
| | Encode the rest | | | |
| | of the details of | | | |
| | the request to the Database. | | | |
| 2 Accomplish CSM | 2.1 Administer | | | |
| 2. Accomplish CSM Survey | the accomplished | | | Ms. Jenny Kim C. |
| | CSMS Form | | | Ramirez |
| | (google form), | | | SWO II – OIC, |
| | convert it to PDF | None | 10 minutes | Technical Advisory |
| | then forward to | - | | Assistance and Other Related Support |
| | the Document | | | Services (TAAORSS) |
| | Custodian via E- | | | |
| | mail. | | | |
| | TOTAL | NONE | 5 days | |