

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT  
Individual Performance Commitment and Review Form (IPCRF)  
First Semester, CY 2024

CERTIFIED TRUE COPY

ANN RITZEL C. CARAGOS  
AO V.O. CHIEF, HRMD

JOMAR R. MACAYAN  
SWA-4Ps, Tanauan Leyte  
POSITION

Date: August 07, 2024

I commit to deliver and agree to be rated on the attainment of the following targets in accordance with the indicated measures for the rating period January to June 2024.

| PERFORMANCE COMMITMENT   |  | PERFORMANCE EVALUATION   |        |   |   |         | REMARKS   |
|--|--|--|--------|---|---|---------|---|
| KEY RESULT AREA (KRA)  | Success Indicator<br>(Measure+Target)  | Accomplishment   | RATING |   |   |         |   |
|  |  |  | E/Qn   | Q | T | A       |   |
| Core Functions   |  |  |        |   |   |         |   |
| A. Facilitates distribution and retrieval of Compliance Verification forms   | 100% of the eligible beneficiaries are monitored with CV Forms completely distributed and retrieved with zero errors submitted before the set timeline   | 100% of the eligible beneficiaries are monitored with 123 CV Forms completely distributed and retrieved with zero errors submitted before the set timeline   | 5      | 4 | 5 | 4.66667 | Ensure complete and on-time submission of CV Forms without corrections.   |
| B. Facilitates coordination with schools and health centers relative to CVS monitoring and retrieval   | All of 18 Education and 2 Health Facilities comprehensively administered with system check in accordance to the system monitoring guidelines from within the semester  | All of 16 Education and 1 Health Facilities comprehensively administered with system check in accordance to the system monitoring guidelines from within the semester  | 3      | 3 | 2 | 2.66667 | All issues and concerns raised during systems checks should be provided with immediate and appropriate interventions.   |
|  | 100% of transferred and with contested compliance beneficiaries substantially track as compliant periodically and with unmatched results in the previous period within the semester                            | 100% of transferred and with contested compliance beneficiaries substantially track as compliant periodically and with unmatched results in the previous period within the semester                            | 3      | 2 | 2 | 2.33333 | All beneficiaries marked as transferred facility and with incorrectly recorded facility during the monitoring period should be provided COC and shall be submitted within the set timeline. |
| C. Prepares summary of Compliance Verification Forms distributed and retrieved, and taken note of issues and concerns on meeting the CVS distribution and retrieval and submission to C/ML for appropriate action: | Three (3) comprehensive distributed versus retrieved CVS forms report with substantive remarks on non-retrieved forms submitted on or before the 3rd day after submission of the CVS forms within the semester | Three (3) comprehensive distributed versus retrieved CVS forms report with substantive remarks on non-retrieved forms submitted on or before the 3rd day after submission of the CVS forms within the semester | 5      | 5 | 5 | 5.00000 | Ensure 100% distribution and retrieval of CV Forms per period and comprehensive compliance monitoring report.   |
|  | Three (3) purposely collated issues/concerns and recommendations encountered in the CV monitoring submitted to CCVO on or before the 3rd day after submission of the CVS forms within the semester             | Three (3) purposely collated issues/concerns and recommendations encountered in the CV monitoring submitted to CCVO on or before the 3rd day after submission of the CVS forms within the semester             | 5      | 4 | 3 | 4.00000 | Issues and concerns raised during compliance monitoring should be provided immediate and appropriate interventions  |
|  | Three (3) OBTRs duly accomplished without errors submitted within 30 days upon receipt of the OBTR baseline data per period during the semester  | Three (3) OBTRs duly accomplished without errors submitted within 30 days upon receipt of the OBTR baseline data per period during the semester  | 5      | 3 | 4 | 4.00000 | Ensure that all non-compliant beneficiaries are properly validated and recorded accurate reasons for non-compliance per period to provided appropriate interventions.                       |



|  |  |  |  |     |     |         |   |     |
|--|--|--|--|-----|-----|---------|---|-----|
| D. Assists the Municipal Link in her/his workload and management of cases e.g. trainings and coordination in the barangays | Submitted (6) UMET reports complete with all the prescribed sheets submitted on or before the 5th day of the following month within the semester   | JANUARY-02/05/2024<br>FEBRUARY-03/05/2024<br>MARCH-04/11/2024<br>APRIL-05/13/2024<br>MAY-06/11/2024<br>JUNE-07/03/2024   | <div> <div>CERTIFIED TRUE COPY</div> <div> <div>5</div> <div>3</div> <div>2</div> <div>3.33333</div> </div> <div> <div>ANN RITZEL C. CARACOS</div> <div>AO/MO/C CHIEF, HRMDD</div> </div> </div> |     |     |         | Ensures that all submitted report are complete, accurate, updated and on time   |     |
|  | 100% of delegated newly registered household targets provided with Sessions 1 to 3 of the Laying the Foundation FDS module with report submitted to C/ML on or before end of March 2024  | 100% of delegated newly registered household targets provided with Sessions 1 to 3 of the Laying the Foundation FDS module with report submitted to C/ML on or before end of March 2024  | 5  | 5   | 5   | 5.00000 | Ensure that all HHs especially Set12 newly registered benes are knowledgeable in the Sessions 1-3 of the 7YTLP FDS Module   |     |
|  | Ensure the conduct and appropriate facilitation of the FDS to 25% (309 HHs) of the case loads or 11 parent groups every month based on the planned FDS schedule in accordance to the implementing guidelines with proper documentation of reports with report submitted to C/MLs on or before the set timeline | Ensure the conduct and appropriate facilitation of the FDS to 25% (309 HHs) of the case loads or 11 parent groups every month based on the planned FDS schedule in accordance to the implementing guidelines with proper documentation of reports with report submitted to C/MLs on or before the set timeline | 5  | 3   | 3   | 3.66667 | Ensure to conduct the 25% of Parent groups every month with the guideines and submit the prescribed timeline.   |     |
|  | Ensure the conduct and appropriate facilitation of the YDS to 25% (35) of the NAS or youth groups every month based on the planned YDS schedule in accordance with the implementing guidelines with proper documentation of reports with report submitted to C/ML on or before the set timeline                | Ensure the conduct and appropriate facilitation of the YDS to 25% (1) of the NAS or youth groups every month based on the planned YDS schedule in accordance with the implementing guidelines with proper documentation of reports with report submitted to C/ML on or before the set timeline                 | 5  | 4   | 3   | 4.00000 | Ensure to conduct the 25% of NAS every month with the guideines and submit the prescribed timeline.   |     |
|  | Facilitate the resolution of the as 31 December 2023 2 updating reasons for Not Attending School on or before the end of June 2024   | Facilitate the resolution of the as 31 December 2023 2 updating reasons for Not Attending School on or before the end of June 2024   | 4  | 2   | 1   | 2.33333 | Ensure that all NAS children are provided immediate and appropriate intervention to push them back to school. NAS with update issues must be encoded in PPIS on or before P4 2024 |     |
|  | Facilitate the resolution of the as 31 December 2023 4 updating reasons for Health and FDS perennial non-compliant beneficiaries on or before the end of June 2024   | Facilitate the resolution of the as 31 December 2023 4 updating reasons for Health and FDS perennial non-compliant beneficiaries on or before the end of June 2024   | 4  | 4   | 4   | 4.00000 | Ensure that NAKS with update issues must be updated and encoded in PPIS within the set timeline.  |     |
| E. Collates submitted updates forms in terms of complete attachment of documents/requirements;                             | All received update requests (All Types) were reviewed as to accurateness, consistency, and completeness of supporting documents; acted as appropriate in accordance with BDMD policies and guidelines on the set timeline   | All 400 received update requests (All Types) were reviewed as to accurateness, consistency, and completeness of supporting documents; acted as appropriate in accordance with BDMD policies and guidelines on the set timeline   | 5  | 5   | 5   | 5.00000 | Ensure 100% of the update requests were properly verified and reviewed prior to submission/endorsement for encoding to POO  |     |
| F. Collates submitted GRS forms  | Gather all COC for regular manual retro ensuring the attachment A properly documented on the beneficiaries' case folder within the semester  | N/A applicable for the semester because no transaction was received  | N/A  | N/A | N/A | N/A     | N/A   | N/A |
| Strategic Functions  |  |  |  |     |     |         |   |     |
| A. Strategy Implementation   | 215 HHs of self-sufficient HHs facilitated with "Pinalakas na Pagpupugay Tagumpay" FDS module by end of the semester   | 215 HHs of self-sufficient HHs facilitated with "Pinalakas na Pagpupugay Tagumpay" FDS module by end of the semester   | 5  | 5   | 3   | 4.33333 | Ensure to facilitate the FDS module per target type as per prescribed timeline  |     |
|  | 100% 100 of the Pugay Tagumpay Graduation ceremonies assisted (in various modalities) by end of the semester   | 100% 100 of the Pugay Tagumpay Graduation ceremonies assisted (in various modalities) by end of the semester   | 2  | 5   | 3   | 3.33333 | Ensure to assist/delegated task of the Pugay Tagumpay Graduation ceremonies as prescribed timeline.   |     |
| B. Social Welfare and Development Program Implementation   | 100% of households with zero-compliance validated and have been endorsed by the C/ML for updating underwent the MC 36 process within the prescribed timeline   | 100% or 4 of households with zero-compliance validated and have been endorsed by the C/ML for updating underwent the MC 36 process within the prescribed timeline  | 5  | 5   | 5   | 5.00000 | Ensure 100% of the update requests were properly verified and reviewed prior to submission/endorsement for encoding to POO  |     |
|  | 100% of ongoing cases from 2022-2023 resolved before end of March 2024   | 100% of ongoing cases from 2022-2023 resolved before end of March 2024   | 5  | 4   | 4   | 4.33333 | Ensure to track all transferred with contested compliance beneficiaries per period  |     |





PERFORMANCE FEEDBACK

STRENGTHS

Being accountable for work results, focusing efforts on achieving results that are accurate with the guidelines & policies.

AREAS FOR IMPROVEMENTS

Nothing is better than to sit together as one team. Always find time to have a regular feed backing/updating or progress of complaints or inquiries more specifically GRS Driven complaints, all cash cards and payment related concerns and ensure to give feedu

RATER'S COMMENTS,  
RECOMMENDATIONS, &  
COMMENDATIONS

Continue what you are doing, you're in the right track or strides

CERTIFIED TRUE COPY

ANN RITZEL C. CARAGOS  
AO V/OIC CHIEF, HRMDD

I hereby certify that the above performance ratings, and the identified Performance Feedback were discussed with me by my immediate supervisor.

I hereby certify that the above performance ratings, and the identified Performance Feedback were discussed by the undersigned to the Ratee

JOMARR R. MACAYAN  
SWA-4Ps Tanauan, Leyte

August 07, 2024  
Date

FEBIE M. PALINES  
SWO IV-Leyte Provincial Link

8/7/2024  
Date

DSWD Field Office VIII: Government Center, Candahug, Palo, Leyte, Philippines, 6501  
Email: fo8@dswd.gov.ph website: https://dswd.gov.ph Telephone No. (053) 552-3608



Department of Social Welfare and Development  
**INDIVIDUAL PERFORMANCE CONTRACT REVIEW**  
**FY 2023, SECOND SEMESTER**

|   |                   |   |   |   |   |        |    |         |         |   |         |
|---|-------------------|---|---|---|---|--------|----|---------|---------|---|---------|
| Name of Ratee:  |                   | JOMAR R. MACAYAN  |   |   |   |        |    |         |         |   |         |
| Position:   |                   | SOCIAL WELFARE ASSISTANT                                  |   |   |   |        |    |         |         |   |         |
| Designation (if applicable):  |                   | SOCIAL WELFARE ASSISTANT                                  |   |   |   |        |    |         |         |   |         |
| Office:   |                   | MUNICIPAL OPERATIONS OFFICE of TANAUAN, LEYTE             |   |   |   |        |    |         |         |   |         |
|   |                   |   |   |   |   |        |    |         |         |   |         |
| KEY RESULTS AREA  |                   | PERFORMANCE INDICATORS<br>(Quantity, Quality, Timeliness) |   | ACTUAL ACCOMPLISHMENTS<br>(Quantity, Quality Timeliness)  |   | RATING |    |         |         |   | REMARKS |
| Objective, Program, Project, Activity   | Weight Allocation |   |   |   |   | Qn     | Ql | T       | Ave     | Weighted Average (Weighted Average*Weight Allocation)   |         |
| Strategic Priorities  |                   | 30%   |   |   |   |        |    |         |         |   |         |
| A.1 Percentage of households with improved well-being<br>(a) 30% and above of the target moved to Self-sufficient level<br>(b) 1.80% and below of the target is in the Survival level | 3.00%             | 1   | At least 10%(175) of the CY 2023 SWDI Targets assessed on or before December 31, 2023   | At least 10%(107) of the CY 2023 SWDI Targets assessed on or before December 31, 2023   | 4 | 3      | 2  | 3.00000 | 0.09000 | Continue to encode the assessed Pantawid households using the SWDI Tool correctly before the set timeline.                                  |         |
|   | 3.00%             | 2   | 100% of the reported Non-Compliant Beneficiaries with complete and substantial reasons for non-compliance and provided with interventions are encoded in OBTR as provided by the Case Managers on or before 30 days upon receipt of the baseline data per period.                       | 100% of the reported Non-Compliant Beneficiaries with complete and substantial reasons for non-compliance and provided with Interventions are encoded in OBTR as provided by the Case Managers on or before 30 days upon receipt of the baseline data per period.                       | 5 | 4      | 4  | 4.33333 | 0.13000 | Continue to update the consistently non-compliant and monitor the education conditions in the PPIS target list in the education.            |         |
|   | 3.00%             | 3   | 100% (3)updating of tracking report and compilation of required documents for validated zero-compliant households and all zero-compliant households that underwent 1 year evaluation following MC 36 process per set timeline.  | 100% (3)updating of tracking report and compilation of required documents for validated zero-compliant households and all zero-compliant households that underwent 1 year evaluation following MC 36 process per set timeline.  | 5 | 4      | 4  | 4.33333 | 0.13000 | Continue to update the consistently non-compliant and make sure that MC 36 households underwent process and evaluation.                     |         |
|   | 3.00%             | 4   | 100% of eligible households validated and registered in PPIS by December 31, 2023   | 100% of eligible households validated and registered in PPIS by December 31, 2023   | 4 | 3      | 3  | 3.33333 | 0.10000 | Ensure to validate and register all identified potential HHs and endorsed to RPMO for the encoding in the PPIS.                             |         |
|   | 3.00%             | 5   | 100% (79) of inactive households validated and acted upon on the set BDMD timeline  | 100% (50) of inactive households validated and acted upon on the set BDMD timeline  | 3 | 3      | 3  | 3.00000 | 0.09000 | Ensure to tagged CS12,CS14,CS15 in the PPIS properly before the set timeline.   |         |
|   | 3.00%             | 6   | 100% (78) of detected data inconsistencies and potential duplicates validated and resolved on the set BDMD timeline   | 100% (50)of detected data inconsistencies and potential duplicates validated and resolved on the set BDMD timeline  | 3 | 3      | 3  | 3.00000 | 0.09000 | Ensure to update all data inconsistencies such as duplicate, basic information etc. in the PPIS.  |         |
|   | 3.00%             | 7   | 100% Updating of college graduates by sex and recognition; Updating of the beneficiary information of household college-level members in PPIS; Updating of SHS graduates enrolled in college are appropriately and accurately encoded and approved in the PPIS on the set BDMD timeline | 100% Updating of college graduates by sex and recognition; Updating of the beneficiary information of household college-level members in PPIS; Updating of SHS graduates enrolled in college are appropriately and accurately encoded and approved in the PPIS on the set BDMD timeline | 5 | 4      | 4  | 4.33333 | 0.13000 | Continue to update properly and accurately the college graduates and SHS graduates enrolled in college in the PPIS before the set timeline. |         |
| A.2 1,770 Households Provided with Conditional Cash Grants  | 3.00%             | 8   | 95% (2087) of the monitored beneficiaries in education are compliant by the end of the semester.  | 95% (2087) of the monitored beneficiaries in education are compliant by the end of the semester.  | 5 | 4      | 4  | 4.33333 | 0.13000 | Ensure all monitored beneficiaries in education are compliant by the end of the semester.   |         |
|   | 3.00%             | 9   | 95% (129) of the monitored beneficiaries in health are compliant by the end of the semester.  | 95% (129) of the monitored beneficiaries in health are compliant by the end of the semester.  | 5 | 4      | 4  | 4.33333 | 0.13000 | Ensure all monitored beneficiaries in health are compliant by the end of the semester.  |         |



|  |            |    |  |  |   |   |   |         |         |   |
|--|------------|----|--|--|---|---|---|---------|---------|---|
|  | 3.00%      | 10 | 95% (1793) of the monitored grantees in FDS are compliant by the end of the semester.  | 95% (1793) of the monitored grantees in FDS are compliant by the end of the semester.  | 5 | 4 | 4 | 4.33333 | 0.13000 | Ensure all monitored grantees in FDS are compliant by the end of the semester.                |
| <b>Core Functions</b>  | <b>50%</b> |    |  |  |   |   |   |         |         |   |
| B.1. Percentage of Pantawid Pamilya children not attending school that returned to school.   | 3.49%      | 11 | 32.25%(10) of consistently noncompliant children in school are VALIDATED AND UPDATED by December 31, 2023. NAS Universe: 31  | 32.25%(10) of consistently noncompliant children in school are VALIDATED AND UPDATED by December 31, 2023. NAS Universe: 31  | 2 | 2 | 2 | 2.00000 | 0.06980 | Ensure that all consistently non-compliant are validated and updated in the PPIS.             |
| B.2. Percentage of Pantawid Pamilya households not availing key health services that availed key health services.  | 0.00%      | 12 | 42%(1) of member beneficiaries consistently noncompliant with health conditions that turned compliant for at least four (4) months with less than 50% incidence of noncompliance for three (3) consecutive months among consistently noncompliant-turned-compliant households reached at least 50% and above of the target by December 31, 2023. NAKHS Universe: 2 | 42%(1) of member beneficiaries consistently noncompliant with health conditions that turned compliant for at least four (4) months with less than 50% incidence of noncompliance for three (3) consecutive months among consistently noncompliant-turned-compliant households reached at least 50% and above of the target by December 31, 2023. NAKHS Universe: 2 | 0 | 0 | 0 | 0.00000 | 0.00000 | Ensure that all consistently non-compliant are turned compliant for at least 4 months.        |
| B.3 Facilitate distribution and retrieval of CV forms  | 3.49%      | 13 | 100% (162) CV forms distributed to and retrieved from stakeholders on or before the set timeline from July to December 2023.   | 100% (162) CV forms distributed to and retrieved from stakeholders on or before the set timeline from July to December 2023.   | 5 | 5 | 5 | 5.00000 | 0.17450 | Ensure all CV forms are distributed completely to stakeholders with signed tracking logsheet. |
| B.4 Facilitate coordination with schools and health centers relative to CVS monitoring and retrieval   | 3.49%      | 14 | All of 9 Education and 1 Health Facilities comprehensively administered with system check in accordance to the system monitoring guidelines from July to December 2023.  | All of 4 Education and 1 Health Facilities comprehensively administered with system check in accordance to the system monitoring guidelines from July to December 2023.  | 4 | 3 | 3 | 3.33333 | 0.11633 | Ensure all gathered issues and concerns were endorsed for the interventions.                  |
| B.5 Prepare summary report of CVS forms distributed and retrieved. Taken note of issues and concerns met during the CVS Forms distribution and retrieval | 3.49%      | 15 | Three (3) comprehensive distributed versus retrieved CVS forms report with substantive remarks on non-retrieved forms submitted on or before the 3rd day after submission of the CVS forms from July to December 2023.   | Three (3) comprehensive distributed versus retrieved CVS forms report with substantive remarks on non-retrieved forms submitted on or before the 3rd day after submission of the CVS forms from July to December 2023.   | 5 | 4 | 4 | 4.33333 | 0.15123 | Ensure that no CVs are left out during the retrieval.   |
|  | 3.49%      | 16 | Three (3) purposely collated issues/concerns and recommendation encountered in the CV monitoring submitted to PDO-CVS on or before the 3rd day after submission of the CVS forms from July to December 2023.   | Three (3) purposely collated issues/concerns and recommendation encountered in the CV monitoring submitted to PDO-CVS on or before the 3rd day after submission of the CVS forms from July to December 2023.   | 4 | 3 | 3 | 3.33333 | 0.11633 | Ensure all issues and concerns are presented during MAC meeting for the resolution.           |
| B.6 Ensure preparation and completeness of monthly reports   | 5.81%      | 17 | Submitted (6) UMET and (6) UCMD every month reflecting the following reports from July to December 2023 submitted on or before the 5th day of the following month:<br>UMET<br>JULY-08/08/2023<br>AUGUST-09/05/2023<br>SEPTEMBER-10/01/2023<br>OCTOBER-11/17/2023<br>UCMD<br>JULY-09/05/2023<br>AUGUST-09/14/2023<br>SEPTEMBER-10/10/2023<br>OCTOBER-11/09/2023     | Submitted (6) UMET and (6) UCMD every month reflecting the following reports from July to December 2023 submitted on or before the 5th day of the following month:<br>UMET<br>JULY-08/08/2023<br>AUGUST-09/05/2023<br>SEPTEMBER-10/01/2023<br>OCTOBER-11/17/2023<br>UCMD<br>JULY-09/05/2023<br>AUGUST-09/14/2023<br>SEPTEMBER-10/10/2023<br>OCTOBER-11/09/2023     | 4 | 3 | 2 | 3.00000 | 0.17430 | Ensure completeness of monthly submission reports.  |
|  | 0.00%      | 18 | Gather all COC for manual retro with attachment A and were properly documented on the beneficiaries case folder from July to December 2023.  | Gather all COC for manual retro with attachment A and were properly documented on the beneficiaries case folder from July to December 2023.  | 0 | 0 | 0 | 0       | 0.00000 | THERE IS NO MANUAL RETRO FOR THIS SEMESTER.   |



|   |       |    |  |  |   |   |   |         |         |  |
|---|-------|----|--|--|---|---|---|---------|---------|--|
| B.7 Facilitate in systems<br>v. GRS, BDM related concerns<br>for review of City/Municipal Link  | 2.33% | 19 | 100% (100) of transferred and with contested compliance beneficiaries substantially track as compliant periodically and with unmatched results in the previous period from July to December 2023.  | 100% (100) of transferred and with contested compliance beneficiaries substantially track as compliant periodically and with unmatched results in the previous period from July to December 2023.  | 5 | 4 | 4 | 4.33333 | 0.10097 | Ensure to track all transferred with contested compliance beneficiaries per period.  |
|   | 2.33% | 20 | 100% (200) correct data/ update requests encoded in the PPIS per period (no staff error include in the quality)  | 100% (200) correct data/ update requests encoded in the PPIS per period (no staff error include in the quality)  | 4 | 4 | 3 | 3.66667 | 0.08543 | Ensure to encode all the update request properly in the PPIS.  |
| B.8 Facilitate supply side assessment<br>in coordination with focal persons of<br>partner agencies and LGUs   | 2.33% | 21 | Ensure the 100% supply side assessments are presented and discussed in advisory committee meetings, consultations dialogues etc. on a quarterly basis.   | Ensure the 100% supply side assessments are presented and discussed in advisory committee meetings, consultations dialogues etc. on a quarterly basis.   | 5 | 4 | 5 | 4.66667 | 0.10873 | Ensure all issues and concerns are presented during MAC meeting to the resolution.   |
| B.9 Profiling of beneficiaries / parent<br>leaders and LGU links  | 2.33% | 22 | Ensure 1 updated inventory of parent leader profiles and LGU links per semester  | Ensure 1 updated inventory of parent leader profiles and LGU links per semester  | 5 | 4 | 4 | 4.33333 | 0.10097 | Continue to submit 1 updated inventory of parent leader profile and LGU Link per semester.   |
| B.10 Promote Good Governance  | 2.33% | 23 | 100% administer CSMF to all captured grievances in the city/municipal operations   | 100% administer CSMF to all captured grievances in the city/municipal operations   | 4 | 4 | 4 | 4.00000 | 0.09320 | Ensure to encode all the captured CSMF in the grievance report and file all the CSMF in the MOO.                                   |
| B.11 Records Management   | 0.00% | 24 | One (1) Inventory Report of the records holding submitted with no revision to AAs, 3 working days before the set timeline.   | One (1) Inventory Report of the records holding submitted with no revision to AAs, 3 working days before the set timeline.   | 0 | 0 | 0 | 0       | 0.00000 | Ensure to always submit inventory reports of the records in the MOO  |
| B.12 Facilitate, review, and monitor<br>submissions of BDM and GRS form<br>through the LGU links and parent<br>leaders, in terms of completeness<br>and correctness | 2.33% | 25 | At least 50% (129) eligible children ages 0-5 years old accurately updated in the health facilities for monitoring on or before the set timeline and were properly documented on the beneficiaries case folder from July to December 2023.           | At least 50% (129) eligible children ages 0-5 years old accurately updated in the health facilities for monitoring on or before the set timeline and were properly documented on the beneficiaries case folder from July to December 2023.           | 4 | 3 | 3 | 3.33333 | 0.07767 | Ensure to accurately update the health facility with proper documentation for monitoring and submitted before the set timeline.    |
|   | 2.33% | 26 | At least 50% (2043) eligible children ages 3-18 years old were accurately updated in the education facilities for monitoring on or before the set timeline and were properly documented on the beneficiaries case folder from July to December 2023. | At least 50% (2122) eligible children ages 3-18 years old were accurately updated in the education facilities for monitoring on or before the set timeline and were properly documented on the beneficiaries case folder from July to December 2023. | 4 | 3 | 3 | 3.33333 | 0.07767 | Ensure to accurately update the education facility with proper documentation for monitoring and submitted before the set timeline. |
|   | 2.33% | 27 | 100% captured grievance complaints are encoded in the GRS manual tracker and initially acted and should be indicated in the monthly submission of GRS Reports.   | 100% captured grievance complaints are encoded in the GRS manual tracker and initially acted and should be indicated in the monthly submission of GRS Reports.   | 5 | 4 | 4 | 4.33333 | 0.10097 | Ensure complete submission of captured grievances are resolved within the time.  |
|   | 3.49% | 28 | All (200) received update requests (All Types) were reviewed as to accurateness, consistency, and completeness of supporting documents, acted as appropriate in accordance with BDMD policies and guidelines on the set timeline                     | All (200) received update requests (All Types) were reviewed as to accurateness, consistency, and completeness of supporting documents, acted as appropriate in accordance with BDMD policies and guidelines on the set timeline                     | 5 | 4 | 4 | 4.33333 | 0.15123 | Ensure to encode accurately all types of updates in accordance with the BDM D timeline.  |



|   |        |    |  |   |                   |   |                   |         |         |  |
|---|--------|----|--|---|-------------------|---|-------------------|---------|---------|--|
| B.13 Assist the Municipal Link in her/his workload and management of cases  | 2.33%  | 29 | Three (3) reports on the no. of compliant to conditions tracking household beneficiaries substantially crafted and submitted to ML 15 days after the generation of the the CV Turnout per period from July to December 2023.   | Three (3) reports on the no. of compliant to conditions tracking of household beneficiaries substantially crafted and submitted to ML 15 days after the generation of the the CV Turnout per period from July to December 2023. | 4                 | 3 | 3                 | 3.33333 | 0.07767 | Ensure to report and tracked all compliant beneficiaries before the generation of the CV turnout.          |
|   | 2.33%  | 30 | Facilitate and/or coordinate the FDS to at least 25% (81) of the Parent Groups per month of the covered areas ensuring documentation and substantial conduct in accordance with the FDS guidelines from July to December 2023. | Facilitate and/or coordinate the FDS to at least 25% (81) of the Parent Groups per month of the covered areas ensuring documentation and substantial conduct in accordance with the FDS guidelines from July to December 2023.  | 5                 | 4 | 4                 | 4.33333 | 0.10097 | State the total number of attendees during FDS and also state the activities conducted during the session. |
| Support Functions   | 20%    |    |  |   |                   |   |                   |         |         |  |
| C.1 Augmentation to other programs and services of the department<br><small>(Examples but not limited to: Convergence with ASD, augmentation to AICS, SocPlus, UCT, and the like)</small>                     | 13.33% | 31 | All tasks accomplished based on expected output within the set timelines   | All tasks accomplished based on expected output:<br>Coastal Clean-up - September 2023<br>Tree Planting - August 2023<br>114th Tanauan Day Celebration - August 2023<br>AICS Pay-out - September 2023                            | 5                 | 5 | 5                 | 5.00000 | 0.66650 | Continue to assist in the caseloads/targets in the absence of the ML.                                      |
| C.2 Disaster response, recovery, and rehabilitation   | 0.00%  | 32 | All Quick Response Team (QRT) duty attended with expected output delivered within the duration of the call for duty  | All Quick Response Team (QRT) duty attended with expected output delivered within the duration of the call for duty   | 0                 | 0 | 0                 | 0       |         |  |
| C.3 Urgent tasks as may be assigned by the immediate supervisor<br><small>Note: Performance of other program-related activities not stated in the indicators under the Strategic and Core Functions.)</small> | 6.67%  | 33 | All tasks accomplished based on expected output within the set timelines   | Assisted the following Activities:<br>DOST Training "Food Processing" - August 2023<br>NAC Field Visit Preparation - August 2023<br>Encoding - October 2023<br>Tingog Educational Assistance Validation - October 2023.         | 5                 | 5 | 5                 | 5.00000 | 0.33350 | Continue to do other related tasks/duties requested by the immediate supervisor.                           |
|   | 100%   |    |  |   |                   |   |                   |         |         |  |
|   |        |    |  |   | FINAL RATING      |   | 4.02797           |         |         |  |
|   |        |    |  |   | ADJECTIVAL RATING |   | VERY SATISFACTORY |         |         |  |

Comments/Recommendations:

Prepared by:

JOMAR R. MACAYAN  
SOCIAL WELFARE ASSISTANT

Date: January 10, 2024

Position:

Recommending Approval:

PAUL B. UNAY  
PDO I/DCR/PC - Marikina City

Date:

Position:

Date:

Approved by:

NATIVIDAD G. SEQUITO  
SWC VI/GO - Assistant Regional Director for Operation

Date:

Position:

Date:





DRN: HRMDD-HRPPMS-20240909-0422  
CPR-2024-069

## HUMAN RESOURCE MANAGEMENT AND DEVELOPMENT DIVISION HUMAN RESOURCE PLANNING AND PERFORMANCE MANAGEMENT SECTION

### RESULT OF PERFORMANCE ASSESSMENT FOR CY 2024


(BASED ON THE SUBMITTED SUMMARY OF RATINGS)

|        |  |
|--------|--|
| NAME   | JOMAR R. MACAYAN   |
| OFFICE | PANTAWID PAMILYANG PILIPINO PROGRAM<br>MANAGEMENT OFFICE |

| CY <u>2024</u>    | 1 <sup>ST</sup> SEMESTER | 2 <sup>ND</sup> SEMESTER | ANNUAL RATING |
|-------------------|--------------------------|--------------------------|---------------|
| NUMERICAL RATING  | 4.06173                  | -                        | -             |
| ADJECTIVAL RATING | Very Satisfactory        | -                        | -             |

*Issued this 9<sup>th</sup> day of September 2024 at DSWD Field Office VIII, Government Center, Candahug, Palo, Leyte.*

**Certified correct:**

  
**ANN RITZEL C. CARAGOS**  
AO VI/ OIC DC, HRMDD





DRN: HRMDD-HRPPMS-20240715-0010  
CPR-2024-053

**HUMAN RESOURCE MANAGEMENT AND DEVELOPMENT DIVISION  
HUMAN RESOURCE PLANNING AND PERFORMANCE MANAGEMENT  
SECTION**

**RESULT OF PERFORMANCE ASSESSMENT FOR CY 2023**

**(BASED ON THE SUBMITTED SUMMARY OF RATINGS)**

|                              |  |                                |                      |
|------------------------------|--|--------------------------------|----------------------|
| <b>NAME</b>                  | <b>JOMAR R. MACAYAN</b>  |                                |                      |
| <b>OFFICE</b>                | <b>PANTAWID PAMILYANG PILIPINO PROGRAM MANAGEMENT<br/>OFFICE</b> |                                |                      |
| <b>CY 2023</b>               | <b>1<sup>ST</sup> SEMESTER</b>                                   | <b>2<sup>ND</sup> SEMESTER</b> | <b>ANNUAL RATING</b> |
| <b>NUMERICAL<br/>RATING</b>  | 4.08883  | 4.02797                        | 4.05840              |
| <b>ADJECTIVAL<br/>RATING</b> | Very Satisfactory  | Very Satisfactory              | Very Satisfactory    |

*Issued this 15th day of July 2024 at DSWD Field Office VIII, Government Center,  
Candahug, Palo, Leyte*

**Certified correct:**

  
**ANN RITZEL C. CARAGOS**  
AO VI/ OIC DC, HRMDD