

<b>MEMORANDUM</b>		<b>DATE:</b>	<b>October 3, 2017</b>
<b>FOR:</b>	<b>U/SEC. EMMANUEL A. LEYCO</b> OIC- Secretary National Project Director - Pantawid Pamilyang Pilipino Program		
<b>THRU:</b>	<b>U/SEC. MALOU TURALDE - JARABE</b> Undersecretary of the Operations and Programs Group		
<b>FROM:</b>	<b>THE NATIONAL PROGRAM MANAGER</b> Pantawid Pamilyang Pilipino Program		
<b>SUBJECT:</b>	<b>Guidelines on the Use of Certificate of Compliance in Regular Compliance Verification Monitoring</b>		

This is to respectfully submit the attached proposed Guideling on the Use of Certificate of Compliance for your approval.

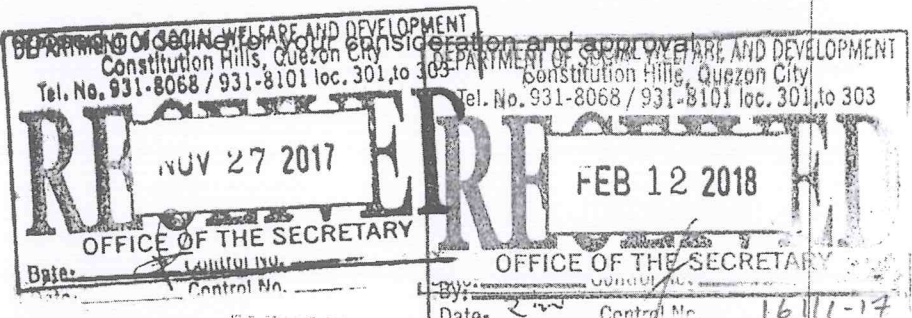
This guideline seeks to standardize the use of Certificate of Compliance (both Regular and Modified CGT) to facilitate the payment of beneficiaries who are validated to be enrolled in other schools and compliant to the conditions of the program in a particular period. This is to ensure the timely receipt of the correct amount grants of the concerned beneficiaries.

This is also in consideration with the president's Veto Message Fiscal Year 2017 " hereby direct all agency heads to ensure obligation of all program, activities and projects funded under this Act not later than December 31, 2017".

May we therefore endorse the attached proposed Guideline for your consideration and approval.

Thank you.

*Leo*  
**DIR. LEONARDO C. REYNOSO**  
 National Program Manager



**Memos**

Dear Dir Leo/ CS (CVD),  
 Please integrate  
 comments from OSEC.  
 Thanks!

*Leo*

*Use,*

All corrections have been  
 integrated.

For your signature

*Leo*

## GUIDELINES ON THE USE OF CERTIFICATE OF COMPLIANCE IN REGULAR COMPLIANCE VERIFICATION MONITORING

### A. Rationale

Pantawid Pamilyang Pilipino Program is a program of the national government that invests in human capital among the poorest households in the country. By providing cash grants that are conditional upon compliance to certain behavioral requirements, these households are provided means of accessing basic education, adequate nutrition, and complete healthcare.

One of the program's major systems is the Compliance Verification (CV) System. This system monitors the compliance of the beneficiaries based on the CV forms by the program's partner in health and education. This then becomes the basis of the computation of grants for each household beneficiary.

However, there are beneficiaries who have received lower than expected grants due to the remarks from the accomplished CV Forms stating that they are not enrolled or registered in the facility, but upon verification in the area; it is found that the beneficiaries were actually able to comply with the applicable program conditionality in a different facility.

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With the current process, the concerned beneficiaries will not be able to receive grants during the monitoring period. Hence, have the need to file and provide required supporting documents for retroactive payment processing.

The previously mentioned scenario prompted the National Program Management Office (NPMO) to craft strategies that would enable the program to be pro-active in its approach to ensure the timely receipt of the correct amount of grants of the compliant beneficiaries. Thus, this guideline outlines the process in using Certificate of Compliance (COC) as proof of compliance for the concerned beneficiaries in a particular period.

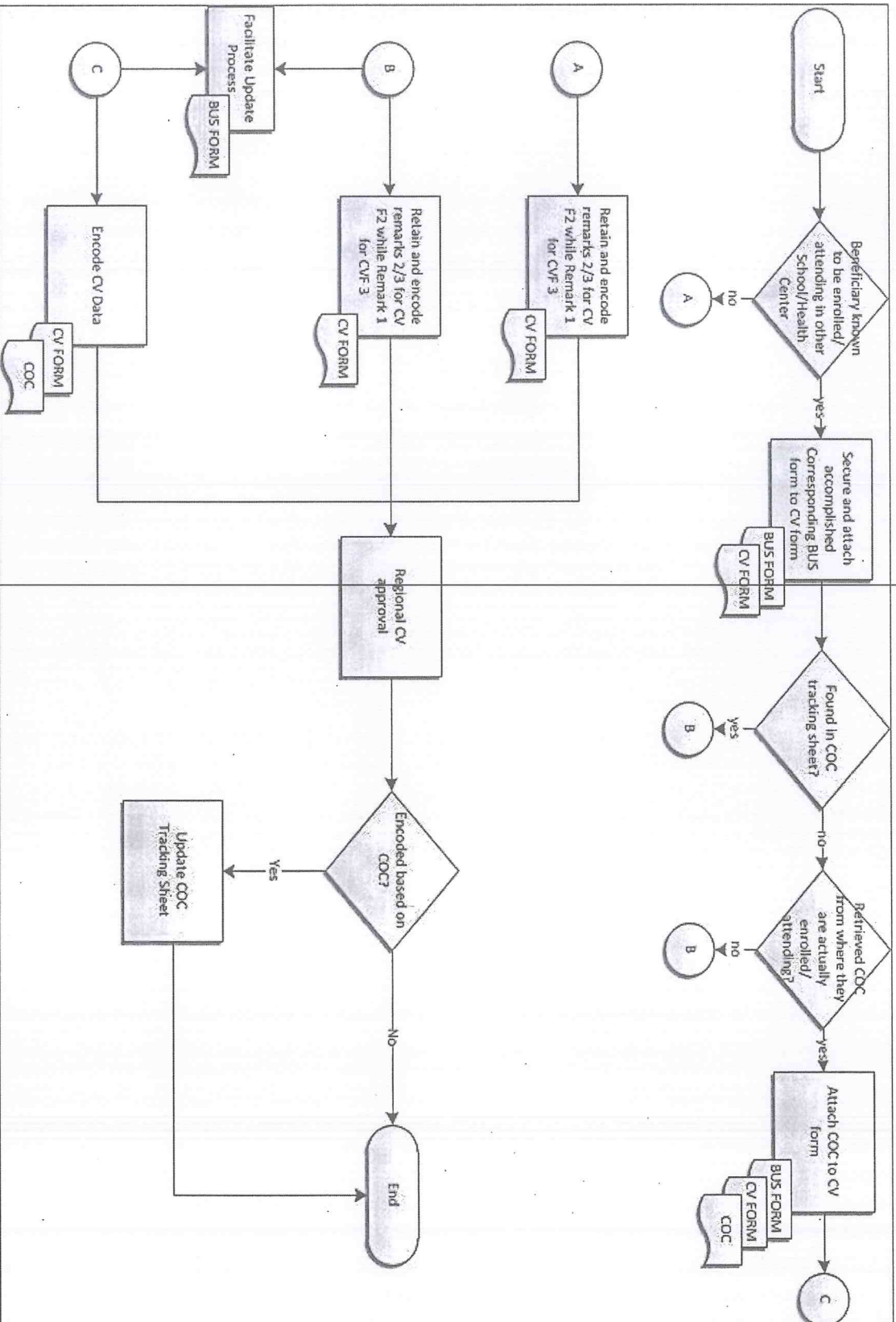
### B. Objectives:

The guideline aims to ensure timeliness and accuracy of compliance results. The following are the specific objectives:

1. To aid in decreasing issues on none or delayed payment confronted by the beneficiaries or issues on retroactive payments and grievances.
2. To provide guidance to the program staff in carrying out updating of beneficiary school and health information during compliance verification activities to ensure timely collection of accurate beneficiary data information and updating the same at the Pantawid Pamilya Information System /Modified Conditional Cash Transfer Information System.
3. To standardize the use of COC during regular CV monitoring.



## C. Process Flow



#### D. DETAILED GUIDELINES

During Regular CV Monitoring - CV Form 2 (CV F2) / CV Form 3 (CV F3)

1. The COC shall:

- a. Only contain the names of the beneficiaries who are compliant to the program conditions
- b. Be signed by the school/health center Pantawid Focal or designated alternate and the date as to when it was accomplished.
- c. For Education, at the minimum include the following:
  - i. Deped School ID
  - ii. Name of School
  - iii. Address of School
  - iv. Month and Year the beneficiary was compliant
  - v. Learner's Reference Number (LRN) of the beneficiary
  - vi. Current Grade Level of the beneficiary
  - vii. Sex of the beneficiary
- d. For Health, at the minimum include the following:
  - i. Name of Health Center
  - ii. Address of Health Center
  - iii. Month and Year the beneficiary was compliant
  - iv. Sex of the beneficiary

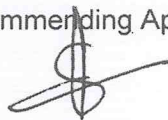
2. A COC Tracking Sheet shall:

- a. Contain a list of beneficiaries that have used COC for regular CV monitoring for the current school year (Education) or calendar year (Health).
- b. Be maintained by the CV Focal to monitor usage of COC for regular CV monitoring. The CV Focal should ensure that an up to date copy is uploaded in the Regional FTP Server.
- c. Be made available to the field implementers to ensure the facilitation of retrieval of COC and the corresponding BUS form for the necessary updating of facility of the member beneficiary if needed during the monitoring period
- d. At the minimum, contain the following:
  - i. Name of the beneficiary
  - ii. Household ID of the beneficiary
  - iii. Entry ID of the beneficiary
  - iv. LRN of the beneficiary (if school)
  - v. Name of the previous school/health center where the COC is attached
  - vi. Facility ID (PPIS) of the previous school/health center where the COC is attached
  - vii. Address of the previous school/health center where the COC is attached
  - viii. Deped ID of the previous school where the COC is attached
  - ix. Name of the new school/health center where the COC is attached
  - x. Facility ID (PPIS) of the new school/health center where the COC is attached
  - xi. Address of the new school/health center where the COC is attached
  - xii. Deped ID of the new school where the COC is attached
  - xiii. Current Grade Level of beneficiary (if school)
  - xiv. Sex of beneficiary

- xv. Condition compliant to (Education or Health)  
xvi. Month and year when the COC was used as basis for compliance
3. If the member beneficiary marked as Not enrolled (Remark 2) or Transferred (Remark 3) in CV F2, while No Record in Health Center (Remark 1) in CV F3 is **not known to be enrolled/attending** in other School/Health Center by the field implementers, the remarks will retain and encode the compliance data based from the accomplished CV form by the DepEd and DOH Pantawid Focal.
4. If the member beneficiary is **known to be enrolled/attending** in another school/health center but **has already used a COC** during regular CV from a previous period, or the field implementers **failed to retrieve a COC** where they enrolled/attending school/health center, the remarks indicated in the accomplished CV form will be retained and encoded. But the corresponding Beneficiary Update System (BUS) form for update of facility must be attached in the CV Form for the update process.
5. If the member beneficiary is **known to be enrolled/attending** in another school/health center and **has yet to use a COC** during regular CV from a previous period and a **COC was obtained** from the current school/center the beneficiary is enrolled/attending in, the COC and BUS Form must be attached to the accomplished CV form (CV F2 or CV F3). The member beneficiary with attached COC will be encoded as compliant (based on what is indicated in the COC) and supersede the remark indicated in the accomplished CV form.
6. If a member beneficiary is found in the COC tracking sheet, the COC will be disregarded and the remarks from the accomplished CV forms must be retained and encoded during the CV encoding process.

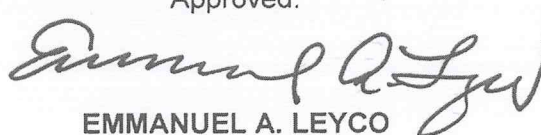
This guideline is issued this \_\_\_\_\_ day of \_\_\_\_\_ 2018 and shall take effect immediately.

Recommending Approval:



**MARIA LOURDES TURALDE-JARABE**  
Undersecretary, Operations and Programs Group  
Deputy Project Director for Operations

Approved:



**EMMANUEL A. LEYCO**  
Officer-In-Charge  
Department of Social Welfare and Development  
Undersecretary, General Administrative &  
Support Services Group (GASSG)



COC TRACKING SHEET

REGION: \_\_\_\_\_  
PROVINCE: \_\_\_\_\_  
CITY/MUNICIPALITY: \_\_\_\_\_

YEAR: \_\_\_\_\_

											COMPLIANT FOR THE MONTH OF:											
NO.	HH ID NUMBER	ENTRY ID NUMBER	NAME OF BENEFICIARY	LRN NO.	SEX (Male or Female)	NAME OF FACILITY/BARANGAY	DEPED ID	FACILITY ID (reflected in PPIS)	ADDRESS	CONDITION	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	
1						SCHOOL				EDUCATION												
						HEALTH CENTER				DEWORMING												
2						BARANGAY				HEALTH CENTER VISIT												
						SCHOOL				FDS												
3						SCHOOL				EDUCATION												
						HEALTH CENTER				DEWORMING												
4						BARANGAY				HEALTH CENTER VISIT												
						SCHOOL				FDS												
5						SCHOOL				EDUCATION												
						HEALTH CENTER				DEWORMING												
6						BARANGAY				HEALTH CENTER VISIT												
						SCHOOL				FDS												
7						SCHOOL				EDUCATION												
						HEALTH CENTER				DEWORMING												
8						BARANGAY				HEALTH CENTER VISIT												
						SCHOOL				FDS												
9						SCHOOL				EDUCATION												
						HEALTH CENTER				DEWORMING												
10						BARANGAY				HEALTH CENTER VISIT												
						SCHOOL				FDS												

Prepared by:

COMPLIANCE VERIFICATION FOCAL PERSON