

Department of Social Welfare and Development  
Pantawid Pamilyang Pilipino Program

NPMO ORDER No. 6  
Series of 2022

**ENHANCED GUIDANCE NOTE ON THE USE OF CERTIFICATE OF  
COMPLIANCE (COC) FOR THE PROGRAM CONDITIONS OF  
PANTAWID PAMILYANG PILIPINO PROGRAM (4Ps)**

**1) RATIONALE**

The Compliance Verification System (CVS) is one of the important components of the 4Ps cycle. The system ensures the monitoring of household beneficiaries' compliance with the program conditions and processing of compliance data as bases for payment of grants to compliant household beneficiaries.

The Program has implemented mechanisms through the use of the Certificate of Compliance (COC) forms to facilitate the payment of compliant beneficiaries who are validated to be enrolled in other schools, availing of health/nutrition services from other health facilities, or attending FDS in other facility/area during a particular period. This is to ensure the timely receipt of the correct amount of grants of the concerned beneficiaries.

In support of the management's goal for continuous improvement of existing processes to be able to provide quality services to the concerned stakeholders, the Compliance Verification Division (CVD) initiated activities to standardize the use of COC. Hence, this Guidance Note is developed to clearly explain the fields/information of the COC form per Program condition as well as the processes to be undertaken to facilitate the payment of the concerned beneficiaries.

**II. LEGAL BASES**

**1. Republic Act No. 11310: An Act Institutionalizing the Pantawid Pamilyang Pilipino Program (4Ps)**

The 4Ps is the national poverty reduction strategy and a human capital investment program that provides conditional cash transfer to poor households for a maximum period of seven (7) years, to improve the health, nutrition and education aspect of their lives.

Under the same R.A. 11310, in Section 3, Compliance Verification refers to the checking and monitoring undertaken to ensure that the qualified

household-beneficiaries comply with conditions for entitlement set forth by the Pantawid Pamilyang Pilipino Program (4Ps).

### III. OBJECTIVES

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

1. Standardize the COC forms to be used in all Field Offices in gathering the compliance data of the RCCT and MCCT beneficiaries to Program conditions during the regular CV monitoring and the Retroactive Payment processing; and
2. To provide guidance to the Program staff in carrying out the necessary processes to ensure that concerned compliant beneficiaries will be provided with their rightful grants.

### IV. SCOPE AND COVERAGE

This Guidance Note covers the existing registered and monitored household beneficiaries of the Pantawid Pamilyang Pilipino Program.

### V. DEFINITION OF TERMS

- a.) **Beneficiary** is a grantee or child who is a member of the eligible poor households enrolled in the Program;
- b.) **Certificate of Compliance (COC)** refers to the document obtained by the field implementers from the educational/health facility/area attesting the compliance of monitored beneficiaries that are validated as enrolled/attending in other facilities/area during a particular monitoring period;
- c.) **City/Municipal Link** refers to the Pantawid field staff oversee the 4Ps beneficiaries' program involvement and the beneficiaries' bridge to the Pantawid Program. This includes the Community Facilitators for RCCT/MCCT;
- d.) **Compliance Verification (CV)** refers to the checking and monitoring undertaken to ensure that the qualified household-beneficiaries comply with conditions for entitlement set forth by the 4Ps;
- e.) **Compliance Verification Forms (CV Forms)** refers to the standardized monitoring tools used in determining the compliance of the beneficiaries on the Program conditions. There are four (4) kinds of CV forms: CV F1/MCCV F1 - Masterlist of Household Beneficiary, CV F2 – Education/Deworming, CV F3 – Health Center Visit, and CV F4/MCCV F4 – Family Development Session;
- f.) **Education Facility** refers to a school or any structure or space, with or without marked visible boundaries, which is either recognized by the government or known by the community as a learning space for children;

- g.) **Encoding of CV Forms** refer to a CVS activity wherein the education, deworming, health center visit and FDS compliance data are encoded in the PPIS based on the accomplished CV Forms;
- h.) **Family Development Session (FDS)** refers to the monthly activity conducted with and attended by a grantee or a responsible person, and whose aims is to enhance parenting capabilities, thereby encouraging the grantee or person to be a more active citizen in society;
- i.) **Grievance Redress System (GRS)** refers to the mechanism of the DSWD which addresses and resolves issues and concerns related to the implementation of the program;
- j.) **Health Facility** refers to a barangay health station, rural health unit, barangay health center, infirmary or hospital;
- k.) **Household** refers to the social unit consisting of a person living alone or a group of persons who sleep in the same housing unit, including any place of dwelling or facility, and have common arrangements for the preparation and consumption of food;
- l.) **Modified Conditional Cash Transfer (MCCT)** refers to the subcomponent of the 4Ps that caters to Indigenous Peoples, Homeless Street Families and Families in Need of Special Protection;
- m.) **Monitoring** refers to the routine collection and analysis of information to track progress against set plans and check compliance with established standards. It cuts across all Offices, Divisions, and Units of the Program, thus, making monitoring a function of all Program staff at all levels of implementation;
- n.) **Regional Compliance Verification Officer (RCVO)** refers to the regional technical staff that ensures all CV policies/guidelines are properly implemented and all CV activities are cascaded and completed within a set timeline.

## VI. STANDARDIZED COC FORMs

The following sections discuss the important field/information to be captured in the COC per Condition, i.e. Education, Health Center Visit, Deworming, FDS.

### 1. Certificate of Compliance for Education (see Annex A)

This document will serve as proof that beneficiaries listed in the form are compliant with the Education condition of the Program. Hence, they are eligible to receive Education grants based on their correct grade level in the specified month stipulated in the accomplished form.

The required field/information in the COC are the following:

- a.) **DepEd School ID** – The School Identification (ID) Number is a unique and permanent number assigned to any educational institution offering education in the Philippines. Indicate the number assigned to the educational institution in the COC;

- b.) **PPIS/MCCT IS Facility ID** – The Facility Identification (ID) Number assigned to a specific school found in the Library of Facilities in the Pantawid database or in the MCCT IS. Indicate the number assigned to the educational institution in the COC;
- c.) **Name of School** – The registered name of the educational institution. Indicate the name of school facility in the COC where the beneficiaries are compliant to Education condition;
- d.) **Address** – The registered address of the educational institution. Indicate the complete address of the school facility where the member beneficiaries are “Compliant” to Education condition;
- e.) **Household ID Number** – The assigned Identification number to household beneficiaries of the Pantawid Pamilyang Pilipino Program. Indicate the household ID number of the beneficiaries validated as “Compliant”;
- f.) **Member ID Number** – The assigned Identification number to each member of the household beneficiary. Indicate the member ID number of the compliant beneficiaries listed in the COC;
- g.) **Learners Reference Number (LRN)** – This is the permanent twelve (12) digit number which a pupil, student, or learner shall keep while completing the basic education program, regardless of transfer to another school or learning center in the public or private sector, and promotion/moving up to the secondary level. Indicate the assigned LRN of the member beneficiaries listed in the COC;
- h.) **Name of the Beneficiary** – Indicates the names of the beneficiaries that are validated as “Compliant” to Education condition and eligible to receive cash grants in the identified months indicated in the COC;
- i.) **Sex** – Indicate the sex of the member beneficiaries listed in the COC;
- j.) **Current Grade Level** – Indicate the correct grade level of the beneficiaries listed in the COC during a specified period or months validated as “Compliant” to Education condition;
- k.) **Month/s verified as “Compliant”** – Indicate the months of the period covered where the listed member beneficiaries in the COC are validated as “Compliant” to Education condition;
- l.) **Name and Signature of Principal/Adviser/Teacher/Pantawid Coordinator** – This will be used for the validity of the accomplished COC. Indicate the name of the person who is authorized to sign and testify the tagging of compliance to the beneficiaries listed in the COC.

## 2. Certificate of Compliance for Deworming (see Annex B)

This document will serve as proof that beneficiaries listed in the form are compliant with the deworming condition of the Program. Hence, they are eligible to receive Health grants if the household is compliant to all required health components of the concerned household.

The required field/information in the COC are the following:

- a.) **PPIS/MCCT IS Facility ID** – The Facility Identification (ID) Number assigned to a specific school/health facility found in the Library of Facilities in the Pantawid database or in the MCCT IS. Indicate the number assigned to the educational/health institution in the COC;
- b.) **Name of School/Health Facility** - The registered name of the educational/health institution. Indicate the name of school/health facility in the COC where the beneficiaries are compliant to Deworming condition;
- c.) **Address** – The registered address of the educational/health institution. Indicate the complete address of the school/health facility where the member beneficiaries are “Compliant” to Deworming condition;
- d.) **Household ID Number** – The assigned Identification number to household beneficiaries of the Pantawid Pamilyang Pilipino Program. Indicate the household ID number of the beneficiaries validated as “Compliant”;
- e.) **Member ID Number** – The assigned Identification number to each member of the household beneficiary. Indicate the member ID number of the compliant beneficiaries listed in the COC;
- f.) **Name of the Member Beneficiary** – Indicate the names of the beneficiaries that are validated as “Compliant” to Deworming condition and eligible to receive cash grants in the identified months indicated in the COC;
- g.) **Sex** – Indicate the sex of the member beneficiaries listed in the COC;
- h.) **Age** – Indicate the age of the member beneficiaries validated as “Compliant” to Deworming condition;
- i.) **Month/s verified as “Compliant”** - Indicate the months of the period covered where the listed member beneficiaries in the COC, validated as “Compliant” to Deworming condition;
- j.) **Name and Signature of School/Health Personnel** - This will be used for the validity of the accomplished COC. Indicate the name of the person who is authorized to sign and testify the tagging of compliance to the beneficiaries listed in the COC.

### 3. Certificate of Compliance for Health Center Visit (see Annex C)

This document will serve as proof that beneficiaries listed in the form are compliant with the health center visit condition of the Program. Hence, they are eligible to receive Health grants if the household is compliant to all required health components of the concerned household.

The required field/information in the COC are the following:

- a.) **PPIS/MCCT IS Facility ID** – The Facility Identification (ID) Number assigned to a specific health facility found in the Library of Facilities

in the Pantawid database or in the MCCT IS. Indicate the number assigned to the health institution in the COC;

- b.) **Name of Health Facility** – The registered name of the health institution. Indicate the name of health facility in the COC where the beneficiaries are compliant to Health Center Visit condition;
- c.) **Address** – The registered address of the health institution. Indicate the complete address of the health facility where the member beneficiaries are “Compliant” to Health Center Visit condition;
- d.) **Household ID Number** – The assigned Identification number to household beneficiaries of the Pantawid Pamilyang Pilipino Program. Indicate the household ID number of the beneficiaries validated as “Compliant”;
- e.) **Member ID Number** – The assigned Identification number to each member of the household beneficiary. Indicate the member ID number of the compliant beneficiaries listed in the COC;
- f.) **Name of the Member Beneficiary** – Indicate the names of the beneficiaries that are validated as “Compliant” to Health Center Visit condition and eligible to receive cash grants in the identified months indicated in the COC;
- g.) **Sex** – Indicate the sex of the member beneficiaries listed in the COC;
- h.) **Age** – Indicate the age of the member beneficiaries validated as “Compliant” to Health Center Visit condition;
- i.) **Classification** – This is used to identify the Health Center Visit requirements to Pregnant, 0 below 2 years old, and the 2 below 6 years old or 24 months to less than 72 months. Indicate 1, 2, or 3 for the Classification of the member beneficiary who are validated as “Compliant” to applicable conditions either every month or once in every two months;
- j.) **Month/s verified as “Compliant”** - Indicate the months of the period covered where the listed member beneficiaries in the COC are validated as “Compliant” to Health Center Visit condition;
- k.) **Name and Signature of Doctor/Nurse/Midwife** - This will be used for the validity of the accomplished COC. Indicate the name of the person who is authorized to sign and testify the tagging of compliance to the beneficiaries listed in the COC.

#### 4. Certificate of Compliance for Family Development Session (FDS) (see Annex D)

This document will serve as proof that beneficiaries listed in the form are compliant with the FDS condition of the Program. Hence, are eligible to receive Health grants if the household is compliant to all required health components of the concerned household.

The required field/information in the COC are the following:

- a.) **Venue** – The name of the facility/area where the FDS is conducted. Indicate in the COC the facility or area where the beneficiaries are compliant to FDS condition;
- b.) **Address of the venue** – The registered address of the facility/area where the FDS was conducted. Indicate the complete address of the facility/area where the member beneficiaries are “Compliant” to FDS condition;
- c.) **FDS Delivery Mode** – The different delivery modes of FDS topics such as on valuing education, health, nutrition, family life management and other “must-have” knowledge and skills in improving the level of well-being of the 4Ps households. Indicate in the COC the FDS delivery mode where the beneficiaries are compliant to FDS condition;
- d.) **Household ID Number** – The assigned Identification number to household beneficiaries of the Pantawid Pamilyang Pilipino Program. Indicate the household ID number of the beneficiaries validated as “Compliant”;
- e.) **Member ID Number** – The assigned Identification number to each member of the household beneficiary. Indicate the member ID number of the compliant beneficiaries listed in the COC;
- f.) **Registered Address of the Member Beneficiary** – The registered address where the beneficiary is residing. Indicate the complete registered address of the beneficiaries listed in the COC validated as compliant to FDS condition;
- g.) **Name of the Grantee/Member Beneficiary** – Indicate the names of the beneficiaries that are validated as “Compliant” to FDS condition and eligible to receive cash grants in the identified months indicated in the COC;
- h.) **Sex** – Indicate the sex of the member beneficiaries listed in the COC;
- i.) **Age** – Indicate the age of the member beneficiaries validated as “Compliant” to FDS condition;
- j.) **Month/s verified as “Compliant”** - Indicate the months of the period covered where the listed member beneficiaries in the COC are validated as “Compliant” to FDS condition;
- k.) **Name and Signature of City/Municipal Link** - This will be used for the validity of the accomplished COC. Indicate the name of the person who is authorized to sign and testify the tagging of compliance to the beneficiaries listed in the COC.

## VII. CVS PROCESSES FOR RCCT/MCCT

The following activities are undertaken every CV monitoring period. There will be a separate COC for RCCT and MCCT beneficiaries considering their separate CV Forms and database system. However, once that beneficiaries in the MCCT IS are integrated to the PPIS, there will no longer be separate COCs. The procedures are the following:

- i. During the retrieval of CV forms, the Social Welfare Assistants (SWAs) or C/MLs shall check and validate those beneficiaries tagged as “Not Enrolled in this School” and “Transferred” in CV F2, tagged as “No records in HC” in CV F3, and tagged as Non-Compliant in CV F4/MCCV F4;
- ii. Secure a COC of beneficiaries tagged as “Not Enrolled in this School”, “No records in HC”, and/or Non-Compliant provided that they are actually enrolled in other schools/visiting the health center, and compliant to Education, Health Center Visit, Deworming, and FDS in a specific monitoring period;
- iii. Field Implementers to check the validity/authenticity of the secured COC.
- iv. The secured COCs shall be attached to the accomplished CV Forms together with the required Update forms to ensure that they will be tagged as “Compliant” during encoding of compliance data, and the updates will be facilitated for the beneficiaries to be captured and monitored in the correct facility on the following monitoring periods;
- v. The secured COCs for CV F2 and CV F3 shall only be allowed to be used once in every period per facility name per school year for Education and Calendar Year for Health Center Visit and FDS;
- vi. Additional use of a COC will only be allowed if the beneficiaries has transferred to another facility/area within the same school year/calendar year.

## VIII. RETROACTIVE PAYMENT

Records not modified after the Compliance verification reporting are entitled to retroactive payment. The unmodified information includes, but not limited to (i) remains the same information, (ii) zero or no activity, and (iii) wrong data encoded in the Pantawid Database are allowed to perform the Retroactive payment to the affected pay period. The 4Ps NAC Resolution 4, series of 2020, or the GRS Resolution Standards and Indicators and other applicable GRS policies and procedures will apply. **The retroactive payment shall only apply to all grievance-driven complaints.**

This provision will be explained further through the following requirements:

1. Use the prescribed Certificate of Compliance to attain the accuracy of the data;
2. Require the management's action to the erring staff and provide necessary intervention to (i) eliminate the same incident in the future and (ii) allow the management to add quality assurance to the whole course of the said activity;
3. Ensure retro payment transactions are encoded, processed and uploaded with appropriate grants;
4. Provide feedback to the complainant and all parties, including the assigned staff.



## IX. ADMINISTRATIVE ACCOUNTABILITY

Every staff shall observe diligent and conscientious effort to validate, secure and capture the correct and accurate compliance of the beneficiaries to Program conditions. Every staff must adhere to Section 24 of the 4Ps Act which provides the following penalties:

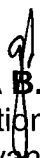
1. Any person, whether or not acting in conspiracy with public officials, who, by act or omission, inserts or allows the insertion of data or false information, or who diverts from what ought to be contained in the registry, with the view of altering the fact, or aiding in the grant of the money to persons other than the qualified household-beneficiaries, shall be penalized with imprisonment of not less than one (1) month but not more than one (1) year, or a fine of not less than Ten thousand pesos (₱10,000.00) but not more than One hundred thousand pesos (₱100,000.00) or both imprisonment and fine, at the discretion of the court; and
2. A public official who commits any of the acts provided herein shall be penalized with temporary disqualification to hold public office. Administrative sanctions shall be imposed without prejudice to prosecution in the proper courts.

## X. EFFECTIVITY

Let copies of this Guidance Note On the Use of Certificate of Compliance (COC) for Program Conditions of Pantawid Pamilyang Pilipino Program (4Ps) be distributed to the Pantawid Pamilyang Pilipino Program Management Office and to the Field Offices to ensure strict compliance. Any previous issuances inconsistent with this document are hereby modified, amended or superseded.

Approved this 22<sup>ND</sup> day of September, 2022 shall take effect immediately.

Approved/Disapproved:

  
**GEMMA B. GABUYA**  
Director IV and National Program Manager  
Pantawid Pamilyang Pilipino Program  
National Program Management Office

**Pantawid Pamilyang Pilipino Program**

Field Office: \_\_\_\_\_

**CERTIFICATE OF COMPLIANCE  
EDUCATION CONDITION**

RCCT  MCCT

(a) **DepEd School ID:** \_\_\_\_\_ (b) **PPIS/MCCT IS Facility D:** \_\_\_\_\_  
 (c) **Name of School:** \_\_\_\_\_  
 (d) **Address:** \_\_\_\_\_

This is to certify that the following listed student/s are enrolled in this school for the **School Year** \_\_\_\_\_. This certifies further that the students are compliant to 85% school attendance as a required condition for beneficiaries of the Pantawid Pamilyang Pilipino Program for the months opposite to their names:

(e) Household ID Number	(f) Member ID Number	(g) Learners Reference Number (LRN)	(h) Name of the Beneficiary	(i) Sex	(i) Current Grade Level	(k) Month/s verified as "Compliant" <small>Kindly mark "✓" the months verified as COMPLIANT; otherwise, leave it blank.</small>
						(Month) (Month)

This certification is issue upon the request of the above-stated name/s as proof of compliance.

Issued this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ at \_\_\_\_\_ Field Office \_\_\_\_\_

Compliance Certified by: \_\_\_\_\_  
 (i) Name and Signature of Principal/Adviser/Teacher/  
 Pantawid Coordinator

**Pantawid Pamilyang Pilipino Program**

Field Office: \_\_\_\_\_

**CERTIFICATE OF COMPLIANCE  
DEWORMING CONDITION**  
 RCCT  MCCT

- (a) **PPIS/MCCT IS Facility ID:** \_\_\_\_\_  
 (b) **Name of School/Health Facility:** \_\_\_\_\_  
 (c) **Address:** \_\_\_\_\_

This is to certify that the following listed member beneficiary availed the deworming pills in this school/health facility as a required condition of the Pantawid Pamilyang Pilipino Program for the months opposite to their names:

(d) Household ID Number	(e) Member ID Number	(f) Name of the Member Beneficiary	(g) Sex	(h) Age	(i) Month/s verified as "Compliant" Kindly mark "✓" the applicable months as COMPLIANT; otherwise, leave it blank. (Month) (Month)

This certification is issue upon the request of the above-stated name/s as proof of compliance.

Issued this \_\_\_\_\_ day of \_\_\_\_\_ at \_\_\_\_\_ Field Office \_\_\_\_\_

Compliance Certified by: \_\_\_\_\_  
 (i) Name and Signature of School / Health Personnel

## Pantawid Pamilyang Pilipino Program

Field Office: \_\_\_\_\_

### CERTIFICATE OF COMPLIANCE HEALTH CENTER VISIT CONDITION

RCCT     MCCT

(a) **PPIS/MCCT IS Facility ID:** \_\_\_\_\_

(b) **Name of Health Facility:** \_\_\_\_\_

(c) **Address:** \_\_\_\_\_

This is to certify that the following listed member beneficiary availed health services (weight monitoring, immunization, pre & post-natal check-up for pregnant women, etc.) in this health facility as a required condition of the Pantawid Pamilyang Pilipino Program for the months opposite to their names:

(d) Household ID Number	(e) Member ID Number	(f) Name of the Member Beneficiary	(g) Sex	(h) Age	(i) Classification 1. Pregnant 2. Child 0 to <2 3. Child 2 to 5	(j) Month/s verified as "Compliant" <small>Kindly mark "√" the applicable months verified as COMPLIANT; otherwise, leave it blank.</small> (Month)

This certification is issued upon the request of the above-stated name/s as proof of compliance.

Issued this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ at \_\_\_\_\_ Field Office \_\_\_\_\_

Compliance Certified by: \_\_\_\_\_  
(k) Name and Signature of Doctor/Nurse/Midwife

**Pantawid Pamilyang Pilipino Program**

Field Office: \_\_\_\_\_

**CERTIFICATE OF COMPLIANCE  
FAMILY DEVELOPMENT SESSION CONDITION**  
 RCCT  MCCT

- (a) Venue: \_\_\_\_\_
- (b) Address of the venue: \_\_\_\_\_
- (c) FDS Delivery Mode: \_\_\_\_\_

This is to certify that the following listed member beneficiary attended the Family Development Session (FDS) as a required condition of the Pantawid Pamilyang Pilipino Program for the months opposite to their names:

(d) Household ID Number	(e) Member ID Number	(f) Registered Address of the Member Beneficiary (Barangay, City/Municipality/Province, Region)	(g) Name of the Grantee/ Member Beneficiary	(h) Sex Age	(i) Month/s verified as "Compliant"	
					Kindly mark "✓" the months verified as COMPLIANT; otherwise, leave it blank. (Month)	(Month)

This certification is issue upon the request of the above-stated name/s as proof of compliance.

Issued this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ at \_\_\_\_\_ Field Office \_\_\_\_\_

Compliance Certified by: \_\_\_\_\_  
(k) Name and signature of City/Municipal Link



**Pantawid Pamilyang  
Pilipino Program**

**PANTAWID PAMILYANG  
PILIPINO PROGRAM**

**(OPERATIONS GROUP)**

DSWD-GF004 | REV 01 / 12 OCT 2021

<b>BRIEFER FOR THE NATIONAL PROGRAM MANAGER</b>	
<b>TITLE</b>	<b>ENHANCED GUIDANCE NOTE ON THE USE OF CERTIFICATE OF COMPLIANCE (COC) FOR THE PROGRAM CONDITIONS OF PANTAWID PAMILYANG PILIPINO PROGRAM (4Ps)</b>
<b>DATE</b>	<b>16 SEPTEMBER 2022</b>
<b>BRIEF DESCRIPTION</b>	<p>Currently, the Certificate of Compliance (COC) Forms used by the Field Offices (FOs) has different formats. The said form is used by the field implementers to facilitate the payment of compliant beneficiaries who are validated to be enrolled in other schools, availing of health/nutrition services from other health facilities, or attending FDS in other facility/area. This is to ensure receipt of the correct amount of grants of the concerned beneficiaries during a particular period.</p> <p>As part of the agreement during the 1<sup>st</sup> Consultation Meeting with RCVOs, the Compliance Verification Division (CVD) spearheaded the conduct of a series of consultation meetings with the concerned Divisions in the NPMO to standardize the COC Form. This is to help the stakeholders and field implementers to effectively and efficiently operationalize this process.</p>
<b>OBJECTIVE</b>	This enhanced Guidance Note is endorsed to your office for approval. This aims to properly guide the field implementers in undertaking CVS, MCCT, and GRS processes in capturing the compliance data of the beneficiaries for the timely receipt of their cash grants.
<b>EXPECTED OUTPUT</b>	Standardized COC Forms to be used in all FOs in gathering the compliance data of the beneficiaries to Program conditions.
<b>ACTIONS TAKEN</b>	<ol style="list-style-type: none"> <li>1. CVD drafted Standard COC Forms for all conditions (Education, Health Center Visit, Deworming, &amp; FDS) from the COC used by different FOs;</li> <li>2. Conducted consultation meeting with RPMO and NPMO on the details to be included in the COC forms, finalization and confirmation of the Standardize COC Forms to be used and the enhanced Guidance Note;</li> <li>3. Finalized the enhanced Guidance Note on the use of COC for the CV monitoring of the RCCT &amp; MCCT Program conditions of 4Ps which incorporated all inputs and comments from the RCVOs and concerned Divisions in NPMO.</li> </ol>
<b>ACTION REPORTED FOR THE NPM</b>	Approval of the Enhanced Guidance Note on the Use of Certificate of Compliance (COC) and the Standardized COC Forms.



**Pantawid Pamilyang Pilipino Program**

**PANTAWID PAMILYANG PILIPINO PROGRAM  
(OPERATIONS GROUP)**

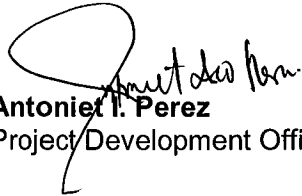
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<b>WAYS FORWARD</b>	<ol style="list-style-type: none"> <li>1. The CVD to share of approved Guidance Note and the Standardize COC Forms to all Field Offices;</li> <li>2. The CVD to provide Orientation nationwide to Field Implementers and Key Partners on the processes and how to accomplish the COC Forms;</li> <li>3. The CVD to provide Technical Assistance to CVS Officers in all Field Offices and to other concerned divisions in NPMO.</li> </ol>
<b>ATTACHMENTS</b>	Enhanced Guidance Note on the Use of Certificate of Compliance (COC) for the Program Conditions for the Pantawid Pamilyang Pilipino Program (4Ps) and the Standard COC Forms.


**Prepared by:**

  
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Project Development Officer III

**Submitted by:**

  
**Antoniet I. Perez**  
Project Development Officer IV

**Recommending Approval:**

  
**KHRISTINA U. UMALI**  
Concurrent OIC Deputy Program Manager for Operations

**Approved / Disapproved:**

  
**GEMMA B. GABUYA**  
Director IV and National Program Manager

CVD/MCCTD/GRD/AF/GCN/10105