

MEMORANDUM

TO : ALL DIVISIONS
National Program Management Office
Pantawid Pamilyang Pilipino Program

FROM : THE NATIONAL PROGRAM MANAGER
Pantawid Pamilyang Pilipino Program

**SUBJECT : APPROVED GUIDANCE NOTES ON RESOLVING
DUPLICATES AND OTHER DATA INCONSISTENCIES IN
PANTAWID PAMILYANG PILIPINO PROGRAM**

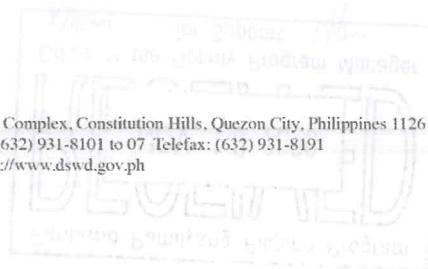
DATE : November 10, 2020

This is to share with you the approved Guidance Notes on Resolving Duplicates and Other Data Inconsistencies in Pantawid Pamilyang Pilipino Program for your information and reference in handling duplicates and data inconsistencies during the implementation of the program. (Please see attached).

For queries and other concerns, please directly coordinate with Risk Management and Quality Assurance Division at rmqad.npmo@gmail.com.

Thank you.


DIRECTOR GEMMA B. GABUYA



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MEMORANDUM

FOR : DIRECTOR GEMMA BORJA GABUYA
NATIONAL PROGRAM MANAGER
Pantawid Pamilyang Pilipino Program

THROUGH : DIR. VENUS F. REBULDELA *— signed Sept. 20, 20*
Deputy Program Manager for Operations

DIR. ERNESTINA Z. SOLLOSO *MK*
Deputy Program Manager for Support

SUBJECT : Guidance Note on the Validation of Duplicates
Individuals/Members in the PPIS and MCCT

DATE : September 17, 2020

We respectfully submit for your approval of the Guidance Notes on Resolving Duplicates and other Data Inconsistencies in Pantawid Pamilyang Pilipino Program. This guidance notes were already passed upon by the Field Offices thru their technical personnel. Also, representatives from concerned Divisions in NPMO participated in the meetings and provided their inputs to finalize the said document. Attached is the summary/matrix of inputs from FOs which we incorporated in the guidance notes.

Thank you.


ATTY. MACARIO M. DE VILLA

GUIDANCE NOTES ON RESOLVING DUPLICATES AND OTHER DATA INCONSISTENCIES IN PANTAWID PAMILYANG PILIPINO PROGRAM

I. RATIONALE

Pantawid Pamilyang Pilipino Program is continuously challenged by duplicate households since the early days of implementation. After 10 years of the program, data integrity in terms households which were registered twice or more still exists. The Commission on Audit (COA) and other institutions have pronounced several times that duplicity of households in the database need urgent and concrete action. To address the matter, the National Program Management Office (NPMO) conducts continuous data cleansing and reflects appropriate tagging in Pantawid Pamilya Information System (PPIS).

Efforts to resolve duplicity issues of households resulted to cleansing of the database and delisting of those found with double entries. However, keeping PPIS free from duplicates is a challenge that must be overcome by the Program. Also, the increasing number of pending validation in the Field Offices means prolonged resolution of the eligibility issue of the households and non-receipt of grants because they were tagged as CS 19 – Grants Temporarily On-Hold for more than (2) two years to some.

Thus, the NPMO through the concerted efforts of concerned divisions promulgates these guidance notes to resolve duplicate households in PPIS, prevent its occurrence and maintain zero duplicity.

A *Unique-fied* approach shall be adopted which includes collaboration and cooperation of all involved in data processing of the Program such the Management, Regional Supervisors, System Users and Focal, Field Workers and the Beneficiaries themselves.

II. LEGAL BASIS

- A. Republic Act No. 11310 or the Pantawid Pamilyang Pilipino Program (4Ps) Act - The State shall promote a just and dynamic social order thereby uplifting its citizens and marginalized sectors from poverty through policies that provide adequate social services, promote full employment, a rising standard of living, and an improved quality of life for all.

III. OBJECTIVES

- To address duplicate issues within and across the programs for the purpose of overall data clean-up.
- To guide Field Implementers in handling cases that needs to be validated and resolution of household case.
- To define the key roles and tasks in maintaining data integrity of the Program at all levels of implementation.

IV. SCOPE AND DESCRIPTION

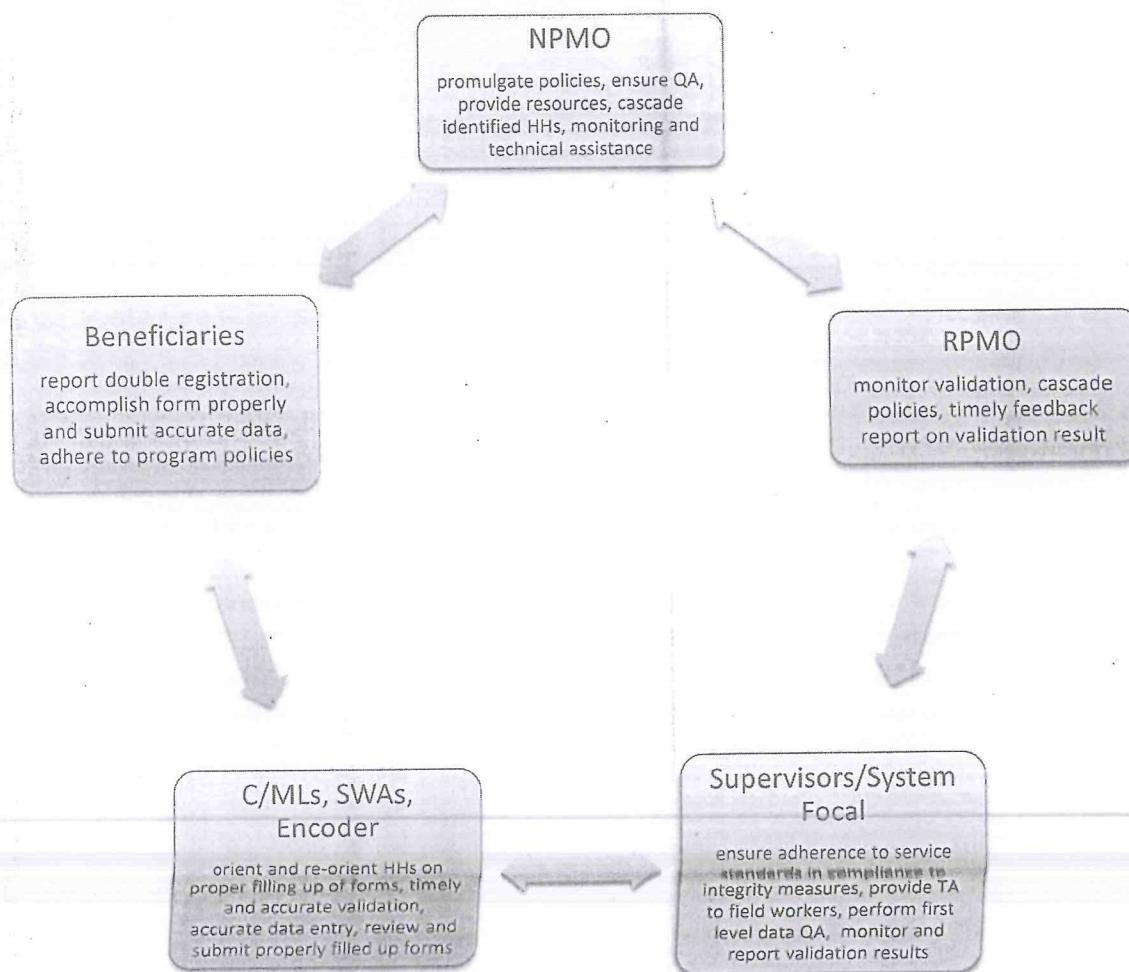
These guidance notes cover processes both in the NPMO and RPMO levels as there are necessary Pantawid activities that has direct implication on the grants received by the households and may cause duplicates and other data inconsistencies. These are the following:

1. Reactivation of households (*i.e. Code 15 to Code 1 and Code 19 to Code 1*);
2. Registration of households
3. Mainstreaming of Modified Conditional Cash Transfer (MCCT) beneficiaries to regular CCT and PPIS
4. Updating of Beneficiary Data (*i.e. additional member from newborn, succeeding pregnancy and child coming back*)

Understanding the dynamics of these causes will equip the Program and its personnel to address and prevent duplicates.

V. IMPLEMENTING GUIDE

To address these issues and maintain the data integrity of the program, the all-player approach as shown below shall be adopted:



All-Player Dynamics to Resolve Duplicates

As shown by the illustration above, the Pantawid team from the National Program Management Office (NPMO) to the Field Offices will perform specific functions to address duplicates. The link is two-way for an enhanced flow of coordination but the actual action in resolving duplicates and other data inconsistencies is performed by the accountable office. Even the beneficiaries themselves will play a crucial role in said task which will be oriented to them by the CMLs. In particular:

1. The NPMO is responsible for policy development that will guides resolution of duplicate entries in PPIS. Also, shall provide approved timeline as guides in Pantawid Activities. Meantime, NPMO shall perform Quality Assurance initiative to detect the error while pending approval on the decentralization. NPMO shall cascade the detected HHs to the FOs for validation Necessary resources for addressing duplicates shall also be provided by NPMO such as technical assistance and the like. Lastly, it shall monitor and make needed follow up to the FOs for validation result of cascaded HHs.
2. Regional Program Management Office (RPMO), shall also perform initial Quality Assurance to predetermine or detect the error and cascade the detected HHs to the field implementers. , Also, responsible in ensuring that all cascaded HHs for validations are acted upon within prescribed timeline, through its existing structures. To achieve this, it shall regularly monitor validation result which are due for submission by the concerned personnel such as the C/MLs and SWAs. Finally, it shall provide feedback on the policies handed down by NPMO for enhancement.
3. Supervisors/System Focal such as the Regional Program Coordinator, Provincial Link and the Social Welfare Officers in the provinces will be ensure adherence by systems focal to service standards in processing data. This includes process of registration of new HHs, updating of data, reactivation, and validation of those detected to be possible duplicates. All these activities are performed by the system focal and these Supervisors shall ensure quality of output early on. They shall provide technical assistance (TA) to these focal and shall see to it that quality assurance at the data source is performed.
4. City/Municipal Links and Social Welfare Assistants shall be responsible in effective caseload management by analyzing the data of the HHs assigned to them, detect and act proactively on their findings. Specifically, they are to orient on the Oath of Commitment, re-orient HHs consistently on proper filling up of forms, conduct accurate validation through a bottom-up duplicity check approach in identification of HHs/member possible duplicates based on approved timeline. Make accurate data entry in reports, analyze the monthly HHs list provided to them for possible duplicity or data inconsistencies.

CMLs shall carefully check the forms accomplished and other documents submitted by HHs to detect inconsistencies early on. Special attention shall be given

to reactivation of member, additional member and child/member returning (*newborn, succeeding pregnancy and child coming back* to be included as part of the roster).

5. Beneficiaries as the data owner and ultimate data source shall ensure no double registration on their part. They shall not split the members of their HHs to be able to register more than once and claim grants twice or more and they shall report or coordinate with the Program if any of their members are registered in another HH. Beneficiaries shall aware on the consequences (as stated in Sec 24 of the RA 11310) for falsification of documents/fraud, misrepresentation, etc.

During updating, beneficiaries shall secure valid supporting documents such as birth/marriage certificate and allowed alternate documents to members of IP group. Moreover, beneficiaries shall accomplish forms properly and adhere to program policies providing for timeliness.

VI. RISK MANAGEMENT MEASURES PER CAUSES OF DUPLICATES

A. **Reactivation of Households** which is one of the causes of duplicates or tagged as CS 19 – Temporary Grants shall be resolved using the below processes:

- 1) Reactivation of households' status from inactive to active shall undergo quality assurance at the Regional level and a feedback shall be provided periodically to NPMO for immediate action.
- 2) The BDM Focal shall provide the RMQA Focal the list of HHs for reactivation who shall match all its members with all other individuals in PPIS to detect any possible duplicity. Result of matching shall be submitted by RMQA Focal not later than seven (7) days from receipt of list.
- 3) In case of duplicity, the HH shall not be reactivated and such recommendation shall be submitted to the Regional Project Director.
- 4) The RPMO, through the BDM Focal, shall validate/review the detected duplicates in the household if there are other distinct and eligible member/s for monitoring. If there is none, the entire HH shall not be reactivated.
- 5) Validation process herein mentioned and the submission of periodic report to the NPMO shall be made according to the period provided by the Ease of Doing Business ACT (EODB).
- 6) The RPMO, through the BDM Focal, shall facilitate the reactivation of households identified as Intra-Regional (within the region, province, municipality and barangay). However, if is identified with Inter-Regional (duplicate in other regions) a Change Request Form (CRF) for the reactivation of HHs shall be executed only by the NPMO if the recommendation clearly shows that the HH is not duplicate, or it has no duplicate member.
- 7) RPMO shall ensure that no duplicate HH or member will be reactivated.
- 8) The Cluster Grievance Officers (CGO) shall check any erroneous reactivation of households if there is possible negligence by staff and the concerned personnel may be sought to explain.
- 9) Actions taken on the recommendation shall be echoed to the concerned RPMO/POO/MOO.

B. Registration of new HHs to PPIS

- 1) Registration/Replacement of beneficiaries shall undergo QA to ensure that data is clean and reliable before adding them in the database.
- 2) RMQAD shall receive the list of HHs for registration to perform the following:

I. Duplicity Check

- a. Match all members of the HHs with all the members in the list to first detect duplicity within the data set and immediately segregate all findings.
- b. Proceed in matching the remaining members of all HHs for registration to all other members of HHs already existing in the database (*PPIS or otherwise*) to detect any duplicity.
- c. Report the detected duplicates for segregation and proper action.
- d. HHs that will be found with no member duplicates may proceed in registration.
- e. HHs with detected duplicate member/s but with other eligible unique children may be validated by the RPMOs for updating through Update 8 if the member/s is actually part of the household after cleaning of their profile/roster.
- f. Only HHs without any duplicate member shall be provided to the RMO for registration.
- g. RPMOs are enjoined to re-check the HHs for registration provided for another level of quality assurance.
- h. RMQAD shall ensure regular checking of HH duplicity every after approval of registration and prior to initial payment processing.

II. Data Inconsistency Check

- a. Analyze the entire dataset for any *inconsistency* in the information, i.e., no household head, names with special characters, no middle name, sex versus pregnancy status, conflict of HH ID, etc.
 - b. Prepare and submit report to the concerned Divisions for appropriate action.
 - c. Provide feedback to NHTO on data inconsistencies found in the datasets for possible correction.
 - d. Monitor the action taken on the findings submitted through requesting feedback from the Divisions.
 - e. PMED shall facilitate data migration by ICTMS of the clean list of beneficiaries
 - f. ICTMS will facilitate the ECR or Eligibility Check and migrate the data and tagged them as CS-9 pending registration.
 - g. RMQAD shall ensure regular checking data inconsistencies of HHs under CS 9 and CS 21 prior to initial payment.
- 3) NPMO shall enhance the system to capacitate it in detecting any member of HHs already existing in PPIS. This auto detection enhancement shall be undertaken continuously.

C. Mainstreaming/Integration of MCCT and RCCT

Pre-Mainstreaming/Integration:

- 1) The concerned Division shall prepare concrete guidance notes to mainstream/integration of the MCCT HHs in PPIS.
 - 2) Create a task force that will monitor the progress of the integration and identified risk that may occur during the integration.
 - 3) Mainstreaming/Integration of MCCT beneficiaries to the RCCT (PPIS) will undergo QA to ensure that data are clean and reliable.
 - 4) ICTMS shall check the compatibility of data format to allow migration/integration from MCCT-IS to PPIS.
 - 5) RMQAD shall perform the following steps:
 - a. Analyze MCCT data for any *inconsistency* i.e., no household head, names with special characters, no middle name, sex versus pregnancy status; conflict of HH ID, etc.
 - b. MCCT through the RPMO shall ensure updated data of beneficiaries prior to integration.
- 2) RMQAD shall check if any MCCT beneficiaries for mainstreaming/*integration* are already registered in the PPIS *including* the archives table to detect duplicate entries, and:
 - a. Provide *complete findings* of possible duplicates for exclusion in *integration* or validation.
 - b. Recommend the tagging of detected HHs to **Code 19** in both *PPIS* and *MCCTIS* while validation is on-going. Said tagging shall be made not later than three (3) days from the time of detection.
 - c. MCCT shall prepare a Memorandum for the concerned field offices to conduct validation of duplicates in accordance with the protocols.
 - d. Monitor the action taken on the findings submitted through requesting feedback from the OBSUs.

During-Mainstreaming /Integration of MCCTIS and PPIS:

- 1) ICTMS will facilitate the actual integration of data and provide immediate feedback to the concern offices.
- 2) NPMO shall monitor the integration of HHs to PPIS.

Post-Mainstreaming/Integration:

- 1) BDMD and MCCTD shall check if the HHs are successfully integrated without any discrepancies on the household ID and beneficiaries' information. RMQAD, on the other hand, shall conduct further checking of the data inconsistency and duplicity upon migration.
- 2) After confirmation MCCTD shall facilitate the appropriate tagging of MCCT beneficiaries in MCCTIS to avoid overpayment and notify the RPMO.
- 3) RPMO will provide feedback to the concerned MCCT beneficiaries that they are already migrated in the RCCT. (See attached template)

D. Updating of Beneficiary Data

Pre-Updating: Check Data Inconsistencies and Duplicates:

- 1) All updating activities of any type shall be completed following the existing procedures set in the Operations Manual and Service Standards.

- 2) Currently, the PPIS is not capacitated to detect if the additional member requested for inclusion in the roster already exists. Hence, we propose to enhance the system for auto detection capacity of member requested for inclusion in any roster as updates (i.e. new born, child from succeeding pregnancy, member coming back, etc)
- 3) RMQA Focal shall conduct regular checking of encoded updates within the region and provide report to the Regional Project Director coursed thru other concerned officials and supervisor.
- 4) Possible Duplicate entries will be endorsed to the BDM Focal for action in coordination with the CMLs.
- 5) NPMO will also perform QA on encoded updates nationwide to ensure data integrity before approval. This activity shall be in accordance with the approved timeline and report shall be provided immediately to the RPMOs for rectification of findings before approval.
- 6) Different update types, especially those which affect grants, shall be looked into, i.e., age versus grade level, sex versus pregnancy status, age versus pregnancy status, in-school children versus grade level, in-school children versus facility name, etc.

Post-Updating:

- 1) Not later than three (3) days after approval of updates, RMQAD shall perform another QA to detect unacted findings reported.
- 2) The findings, if any, shall be forwarded to the RPO for validation/rectification, not later than three (3) days after checking.
- 3) NPMO shall monitor the action taken on the findings through the validation report submitted by RPMOs.

VII. VALIDATION OF IDENTIFIED AND POSSIBLE DUPLICATES

In accordance with updating procedures currently existing, timeliness of validation and submission of reports to the NPMO shall be ensured by the supervisors in RPO. Reports of validation shall be initially reviewed by the BDM focal and concurrence by CGOs to check for possible fraud and inaction/negligence (staff). Any findings shall be returned immediately to the CMLs for rectification.

RPMO shall submit complete validation report not later than 20 days upon receipt of the Memorandum from the NPMO.

All pending validation shall be finished by the RPO following the Ease of Doing Business prescribed timelines in processing documents with a maximum period of twenty one (21) days with complete staff work.

Activities on validation of duplicates and data inconsistencies shall be included in the Individual Performance Contract (IPC) of RPO staff.

NPMO through BDMD or RMQAD shall monitor submission of validation results in accordance with the approved timelines. A communication to the concerned FOs following up validation result shall be sent at least three (3) days before the due date of submission of report if none has been submitted yet.

VIII. MONITORING AND EVALUATION

Monitoring and evaluation of existing processes to resolve duplicates in Pantawid Pamilya Information System (PPIS) shall be initiated by the NPMO in consultation with RPMOs. Proper enhancement shall be made based on the emerging circumstances and contingencies.

BDMD and RMQAD shall take the lead in assessment and enhancement of these guidelines and the system in coordination with other concerned divisions.

IX. REPEALING, TRANSITORY and EFFECTIVITY CLAUSES

Let copies of this Guidance Note on Resolving Duplicate Individuals/Members in Pantawid Pamilyang Pilipino Program be distributed to the Field Offices for strict compliance and appropriate action. Any acts inconsistent with the following guidance notes shall be subjected to appropriate disciplinary action.

Any previous issuances inconsistent herewith are hereby modified, amended or superseded.

Approved this _____ of _____, 2020, and shall take effect immediately.

Approved/Disapproved:

DIR. GEMMA B. GABUYA
National Program Manager
Date: _____

*G. Gabuya
MAY 2020*

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Approved/Disapproved:

DIR. GEMMA B. GABUYA
National Program Manager
Date: _____



		Summary of Submission	
		Comments and Recommendations	RMQAD Recommendations
Regions			
CARAGA	<p>1. Beneficiaries should secure valid supporting documents such as birth/marriage certificate. (Alternate docs should be allowed to members of IP group).</p> <p>2. This is applicable to ALL (ALL DEACTIVATED/DELISTED STATUS) reactivation requests, or does it only mean reactivation of CS 19?</p> <p>3. Regional level and provide feedback to the RPMO for immediate action. Will this be a regular report to be submitted weekly/monthly?</p> <p>4. This means that the reactivation process will be at the RPMO level. Ensure restrictions of reactivation access at cluster/provincial level. (considering that all regional and cluster focal has the same access in the PPIS)</p> <p>5. The CGO will revalidate, to include validation on possible negligence by staff. If CGO made the report, then RGO will act on it.</p> <p>6. BDMS reactivation is already at the RPMO level.</p> <p>7. Duplicate members should not be included in the roster. Update 8 can be done if the member is actually part of the household.</p> <p>8. Including the archives table to detect duplicate entries.</p> <p>-It is not necessary since archived data of the households are not updated. Instead, we should mainstream the MCCT data to PPIS since it was recommended to be retained.</p>	<p>1. During updating, beneficiaries shall secure valid supporting documents such as birth/marriage certificate and allowed alternate documents to members of IP group. Moreover, beneficiaries shall accomplish forms properly and adhere to program policies providing for timeliness.</p> <p>2. Reactivation of Households which is one of the causes of duplicates or tagged as CS 19 – Temporary Grants.</p> <p>3. Regional level and a feedback shall be provided periodically to NPMO for immediate action.</p> <p>6. The RPMO, through the BDM Focal, shall facilitate the reactivation of households identified as Intra-Regional (within the region, province, municipality and barangay). However, if is identified with Inter-Regional (duplicate in other regions) A a Change Request Form (CRF) for the reactivation of HHs shall be executed only by the RPMO if the recommendation clearly shows that the HH is not duplicate, or it has no duplicate member.</p> <p>7. HHs with detected duplicate member/s but with other eligible unique children may be validated by the RPMOs for updating through Update 8 if the member/s is actually part of the household possible registration after cleaning of their profile/roster.</p>	
CARAGA	<p>9. Recommend the tagging of detected HHs to Code 19 in both PPIS and MCCTS while validation is on-going.</p> <p>- Should inform the FOs first before tagging the household CS 19. Give the FO at least 1 period to act on the findings then it can be tagged CS 19.</p> <p>- Recommend the tagging of detected HHs to Code 19 in both PPIS and MCCTS while validation is on-going.</p> <p>10. During Mainstreaming. Does the mainstreaming process between systems nling? Hindi na ba katulad ng mainstreaming ng FNSP to RCCT before na nag registration/CommAss pa?</p> <p>11. RMQA Focal shall conduct regular checking of encoded updates within the region and provide report to the Regional Project Director coursed thru other concerned officials and supervisor.</p>	<p>10. Mainstreaming/Integration of MCCT and RCCT</p> <p>1) The concerned Division shall prepare concrete guidance notes to mainstream/integration of the MCCT HHs in PPIS.</p> <p>2) Create a task force that will monitor the progress of the integration and identified risk that may occur during the integration.</p>	

Summary of Submission		
	Comments and Recommendations	RMQAD Recommendations
CARAGA	<p>12. RMQA Should also provide guidance in resolving specific inconsistencies.</p> <p>13. Reports of validation shall be initially reviewed by the BDM focal for checking. Validation should be done by the CGOs since this is also related to possible fraud (beneficiary) and inaction/negligence (staff).</p> <p>14. Activities on validation of duplicates and data inconsistencies shall be included in the Individual Performance Contract (IPC) of RPMO staff. Is it BDM and GRD be specific.</p> <p>15. How about the payment reconciliation process?</p>	<p>13. Reports of validation shall be initially reviewed by the BDM focal for checking and concurrence by CGOs to check for possible fraud and inaction/negligence (staff)</p>
CARAGA	<p>Reactivation of Households: (MCCT)</p> <p>16. Will it apply to MCCT-IS since only PPIS is being mentioned?</p> <p>17. How about the Function of MCCT-Focal and CMT MCCT in this concern?</p> <p>18. It is not stipulated in the guide note the processes or procedures that the BDM and MCCT Focal shall undertake</p> <p>19. NPMO may also capacitate the MCCT-IS in detecting possible duplicate in MCCT.</p> <p>20. If found with possible Duplicate in MCCT-IS, where will be the HH retain? MCCT or RCCT? What guideline shall we follow?</p>	<p>16. Mainstreaming/Integration of MCCT and RCCT</p> <ol style="list-style-type: none"> 1) The concerned Division shall prepare concrete guidance notes to mainstream/integration of the MCCT HHs in PPIS. 2) Create a task force that will monitor the progress of the integration and identified risk that may occur during the integration.
CARAGA	<p>21. Can we have a specific time or period will the HH be tagged as C19? Or stipulate in the guide note the timeline should MOO must submit the validation report to update the status of HH from CS19 to CS1.</p> <p>22. How about found duplicate in MCCT-IS but the HH is already active in MCCT but registered in new sets of RCCT. It is recommended the guide note may stipulate that not only MCCT-Focal shall issue Memorandum to field staff but also to RCCT when found negligence to MOO</p> <p>23. Possible Duplicate entries will be endorsed to the BDM Focal for action in coordination with the CMUs.</p> <ul style="list-style-type: none"> - Indicate here the unique roles of MCCT and BDM on this concern <p>24. Please let us not base our assessment and enhancement on emerging concerns. It is somewhat reactive to problems, we highly recommend that we should be proactive in this matter, let us not wait to problem to occur but let us identify the issues may arise base on our system and prepare actions for it.</p>	<p>21. Recommend the tagging of detected HHs to Code 19 in both PPIS and MCCTIS while validation is on-going. Said tagging shall be made not later than three (3) days from the time of detection.</p> <p>22. How about found duplicate in MCCT-IS but the HH is already active in MCCT but registered in new sets of RCCT. It is recommended the guide note may stipulate that not only MCCT-Focal shall issue Memorandum to field staff but also to RCCT when found negligence to MOO</p> <p>23. Possible Duplicate entries will be endorsed to the BDM Focal for action in coordination with the CMUs.</p> <ul style="list-style-type: none"> - Indicate here the unique roles of MCCT and BDM on this concern <p>24. Please let us not base our assessment and enhancement on emerging concerns. It is somewhat reactive to problems, we highly recommend that we should be proactive in this matter, let us not wait to problem to occur but let us identify the issues may arise base on our system and prepare actions for it.</p>

Regions	Summary of Submission	
	Comments and Recommendations	RMQAD Recommendations
	<p>1. Objectives. The guidance note should cover all duplicity cases within and across programs: RCCT vs RCCT Households; RCCT vs MCCT Households; and MCCT vs MCCT Households.</p> <p>2. The current BDMD set up for reactivation of CS 19. Clarify on the access levels for Intra and Inter Regional Duplicates once the decentralization is approved.</p> <p>3. QA on encoded should not include fields that are not within the access of encoder (School Type), updates sanctioned by BDMD (Attend School No but with Reason) or multiple entries but with same date/time stamp.</p> <p>4. There are no specific treatment to resolve duplicity cases such as between active vs not registered, or delisted (MCCT or RCCT) vs new set.</p> <p>5. Consider validations under item VII of the Guidelines on the validation, retention, and delisting of possible duplicate entries in PPS dated May 19, 2015, and Memorandum on MCCT Beneficiaries as Target under RCCT Set 9 Registration dated April 17, 2019.</p>	<p>1. To address duplicate issues within and across the programs and maintain the data integrity of the program</p> <p>2. The RMO, through the BDMD Focal, shall facilitate the reactivation of households identified as Intra-Regional (within the region, province, municipality and barangay). However, if is identified with Inter-Regional (duplicate in other regions) A a Change Request Form (CRF) for the reactivation of HHs shall be executed only by the NPMO if the recommendation clearly shows that the HH is not duplicate, or it has no duplicate member.</p>

Summary of Submission	
Regions	Comments and Recommendations
NCR	<p>1. The diagram or flowchart shall be clearly illustrated by the level of process owners according to their functions (Ben to Field Staff to OO to RPMO to NPMO). Maybe we can use other type of data flow diagram.</p> <p>2. Reactivation of Households. Please clarify if the RD or RPC. Please specify the concerned units, like PO/POO/MOO.</p> <ul style="list-style-type: none"> - The Guidance Note indicates that all hhs for reactivation should endorsed to RMQAD focal person for quality checking. Is it applicable to all Client Status (inactive/deactivated/delisted)? - Any erroneous reactivation shall be investigated using the GRS protocols and the concerned personnel may be sought to explain. Please specify the timeline for RMQAD to check the duplicity in the system and feedbacking once the Regional BDM endorsed the hhs for reactivation. - All hhs tagged as inactive and deactivated during the CV Generation shall be quality checked initially by the RMQAD and endorsed to BDM focal once there are possible duplicates found so it will easily for us to check on our level if the reactivation will be possible for the hhs. Please specify the timeline for the process of CRF. <p>2. Actions taken on the recommendation shall be echoed to the concerned RPMO/POO/MOO.</p> <p>The BDM Focal shall provide the RMQA Focal the list of HHs for reactivation who shall match all its members with all other individuals in PPIS to detect any possible duplicity. Result of matching shall be submitted by RMQA Focal not later than seven (7) days from receipt of list.</p> <ul style="list-style-type: none"> - In case of duplicity, the HH shall not be reactivated and such recommendation shall be submitted to the Regional Project Director. - The RPMO, through the BDM Focal, shall validate/review the detected duplicates in the HH household if there are other distinct and eligible member/s for monitoring. If there is none, the entire HH shall not be reactivated.

		Summary of Submission	RMQAD Recommendations
Regions	Comments and Recommendations		
NCR	<p>3. NPMO shall enhance the system to capacitate it in detecting any member of HHs already existing in PPIS. This auto detection enhancement shall be undertaken continuously. The timeline should be included and specify the enhancements in PPIS that are already undertaken. Can we specify the timeline for enhancement since the Registration is continuously on-going?</p> <p>4. Post Mainstreaming, RPMO will provide feedback to the concern MCCT beneficiaries (through letter or any mode of communication? if letter, please provide the region a standard content in the letter.</p> <p>5. RMQAD shall check if any MCCT beneficiaries for mainstreaming are already registered in PPIS including the archives table to detect duplicate entries; and recommend the tagging of detected HHs to Code 19 in both PPIS and MCCTS while validation is on-going.</p> <p>- The timeline should be included for the tagging of Code 19, Monthly, Periodical?</p> <p>- For the tagging of Code 19 in both PPIS and MCCT-IS, please add an indicator (probably an enhancement) in both PPIS and MCCT-IS that the detected hhs are came from PPIS or vise versa.</p>		<p>4. BDMD and MCCTD shall check if the HHs are successfully migrated integrated without any discrepancies on the household ID and beneficiaries' information. RMQAD, on the other hand, shall conduct further checking of the data inconsistency and duplicity upon migration.</p> <ul style="list-style-type: none"> - After confirmation MCCTD shall facilitate the appropriate tagging of MCCT beneficiaries in MCCTIS to avoid overpayment and notify the RPMO. - RPMO will provide feedback to the concerned MCCT beneficiaries that they are already migrated in the RCCT. <p>5. Not later than three (3) days after approval of updates, RMQAD shall perform another QA to detect unacted findings reported.</p> <ul style="list-style-type: none"> - The findings, if any, shall be forwarded to the RPMO for validation/rectification not later than three (3) days after checking. - NPMO shall monitor the action taken on the findings through the validation report submitted by RPMOs.
NCR	5. Post-Updating. After approval, RMQAD shall perform another QA to detect unacted findings reported. The findings, if any, shall be forwarded to RPMO for validation/rectification	<p>1) Not later than three (3) days after approval of updates, RMQAD shall perform another QA to detect unacted findings reported.</p>	
CAR	As per RBDO decentralization has been approved at the Regional level.	2) The findings, if any, shall be forwarded to the RPMO for validation/rectification not later than three (3) days after checking.	

		Summary of Submission	
Regions	Comments and Recommendations	RMQAD Recommendations	
X	<p>1. Duplicate checking of households/members to be reactivated/added must be done in both RCCT and MCCT database.</p> <p>2. There should be a template for Regional Certification of Duplicity Check which will be included in the validation report to be submitted to the NPMO for final tagging.</p> <p>3. There should be a timeline for the final tagging of RPMO-endorsed duplicates at the NPMO level.</p> <p>4. The existing pandemic must also be considered. Some of the provisions in the Operation Manual and Service Standards are not applicable at the moment. For example, the submission of some requirements for a certain update to be acted on.</p>	<p>3) NPMO shall monitor the action taken on the findings through the validation report submitted by RPMOs,</p>	
VII	<p>1. The BDM Focal shall provide the RMQA Focal the list of HHs for reactivation and the latter shall match all member of the HH to be reactivated with other members of HHs in PPIS to detect any possible duplicity. Result of duplicity checking must be returned right away to BDM for immediate cascading/action.</p> <p>2. Pre-Mainstreaming. This step should be done by MCCT CMT II prior to submission to RMQAD</p>	<p>1. The BDM Focal shall provide the RMQA Focal the list of HHs for reactivation who shall match all its members with all other individuals in PPIS to detect any possible duplicity. Result of matching shall be submitted by RMQA Focal not later than seven (7) days from receipt of list.</p> <p>2. ICTMS shall check the compatibility of data format to allow migration/integration from MCCT-IS to PPIS</p>	
VIII	<p>1. Reactivation of Households. What if only 1 member was found duplicate after matching conducted? What will be the action to be undertaken by the RPMO? Do we have to proceed to the registration by discarding the duplicate member?</p> <p>2. Why we need to conduct re-matching again to Listahanan since all new additional hhs is taken from the Listahanan?</p>	<p>1. In the existing guidelines, at least two (2) members are considered duplicate members.</p> <p>2. Listahanan data is not yet updated.</p>	

Summary of Submission		Comments and Recommendations	RMQAD Recommendations
Regions			
IX	<p>1. All-player Dynamics to Resolve Duplicates. Service Standards does not apply when circumstances are NOT normal such as during a pandemic. Provisions should be provided in the guidance notes to allow work around procedures in the Service Standards in such circumstances.</p> <p>2. The beneficiaries do not fully understand the concept of falsification of documents, fraud and/or misrepresentation, etc. and its consequences as stated in RA 11310. For a successful partnership with the beneficiaries in resolving duplicates and other data inconsistencies, the FDS module may be modified to allow in-depth discussion of this concerns. This will also provide a standard on how these concerns will be discussed and the methodologies to be employed. Once done, all beneficiaries found to have contributed to falsification of documents, fraud and misrepresentation should dealt with by Grievance Redress Unit or be subjected to the consequences states in Section 24 of RA 11310.</p>	<p>1. We conducted training on the Rules on Administrative Cases in the Civil Service in the selected key players. However, we will inform the concerned division on your recommendations.</p>	
IX	<p>3. Reactivation of Households are decentralized to the Provincial Operations Office. Prior to the running of the duplicity check by the RMQA Officer, submitted records will have to be digitalized and consolidated. It is recommended that digitalizing and consolidating these records will be done by the M&E Officers. This will allow BDM Officers to use their limited time in reactivation window for the period. Furthermore, BDM Officers need to wait for the result of RMQA Duplicity Check result to commence encoding as it will stall the encoding process. Instead, it is suggested that the RMQA Officer be given access to DISCARD encoded households in the reactivation module who have been found to have duplicates. This should be done prior to the Regional Director's approval with the concurrence of the RBDO and the RPC.</p>	<p>3. The RPMO, through the BDM Focal, shall facilitate the reactivation of households identified as Intra-Regional (within the region, province, municipality and barangay). However, if is identified with Inter-Regional (duplicate in other regions) A a Change Request Form (CRF) for the reactivation of HHs shall be executed only by the NPMO if the recommendation clearly shows that the HH is not duplicate, or it has no duplicate member.</p>	

Regions	Summary of Submission	
	Comments and Recommendations	RMQAD Recommendations
IX	<p>4. Data Inconsistency Check. NPMO to engage Listahanan to provide the unit's deliverable on data inconsistencies. From experience, Listahanan do not correct mentioned inconsistencies.</p> <p>5. Mainstreaming of MCCT to RCCT. Identify role of MCCT Focal Person (PDO III) in the mainstreaming activity.</p> <p>6. RMQA Focal's regular conduct of checking of encoded updates. Downloading of encoded updates done parallel to the encoding activity may significantly slow down PPIS. Further, updates encoded through the Offline BUS is only reflected in the PPIS after it has been pushed by the RITOs. It is suggested that a specific day be allocated to RMQA's checking of encoded updates prior to RD's approval. This schedule should be reflected in the system's timeline of activities.</p>	<p>5. Mainstreaming/Integration of MCCT and RCCT - The concerned Division shall prepare concrete guidance notes to mainstream/integration of the MCCT HHs in PPIS.</p> <p>- Create a task force that will monitor the progress of the integration and identified risk that may occur during the integration.</p>
IX	<p>Other Concerns.</p> <p>7. Hire separate RMQA Officer pr provide additional staff under the designated RMQA Officer to help bring focus to risk management and quality assurance functions in the region. The RITO, also the designated as the RMQA Officer, has to juggle between two equally demanding tasks and bringing in additional hands to looks into the tasks at hand can greatly contribute to productivity.</p> <p>8. Capacity enhancement activity should be provided to all designated RMQA Officers to understand deeply datasets to be looked into.</p> <p>9. High-end equipment to be provided to all designated RMQA Officers to efficiently carry out matching/duplicity check requirements as suggested by the guidance notes.</p>	<p>9. RMQAD have schedule plan this October 2020 and will facilitate a QA Training for selected regions to trained RMQA focus.</p>
BARRMM, IV-A, IV-B, XI and XII		<p>Focal Persons on Risk Management and Quality Assurance (RMQA) Focal, Compliance Verification System (CVS) Focal, Beneficiary Data Management (BDM) Focal, the Pantawid Pamilyang Pilipino Program RPMO Field Offices pose no objection, comments and suggestion on the processes and timeline stated.</p>
FO II, III, V and VI	No submission	