




Republic of the Philippines  
 DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT  
 DILG Region XIII (CARAGA)  
 1559 Matimco Bldg, Km 4., Libertad, Butuan City  
 caraga.dilg.gov.ph

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<b>FM-SP-R13-01A-01</b>		
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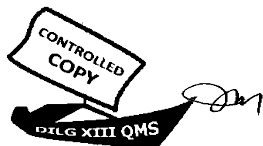
**Name of Division/FOU: Finance and Administrative Division**

**MASTER LIST OF MAINTAINED DOCUMENTED INFORMATION (INTERNAL)**

DOCUMENT CODE	DOCUMENT TITLE	REVISION					
		00	01	02	03	04	05
<b>Provision of Capacity Development Activities</b>							
QP-R13-LGCDD-16	Quality Procedure	10.16.17	3.02.20				
QO-QP-R13-LGCDD-16	Quality Objective	10.16.17					
QME-QP-R13-LGCDD-16	Quality Monitoring and Evaluation	10.16.17					
FM-QP-R13-LGCDD-16-01	Process Summary Logsheet	10.16.17					
FM-QP-R13-LGCDD-16-02	Activity Design	10.16.17	03.02.20				
FM-QP-R13-LGCDD-16-03	Activity Report	10.16.17	01.15.19				
FM-QP-R13-LGCDD-16-04	Attendance Sheet	10.16.17	01.15.19				
FM-R13-SP-06-01	CSS Form	10.16.17	02.04.19	11.16.20			
FM-R13-SP-06-02	CSS Summary Logsheet	10.16.17	11.16.20				
FM-R13-SP-06-03	Service Quality Dimension Analysis	11.16.20					

Prepared By
 <b>JOVY JEAN B. CALOTES</b> AO III/Records Officer II <b>Document Controller</b>

Noted By
 <b>DONALD A. SERONAY</b> Asst. Regional Director <b>Regional QMR</b>





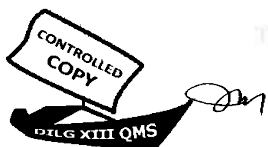
DILG – REGION XIII (CARAGA)  
**QUALITY  
 PROCEDURE (QP)**

Document Code  
**QP-R13-LGCDD-16**

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<b>PROCEDURE TITLE</b>	<b>Provision of Capacity Development Activities</b>	
<b>SCOPE</b>	This process covers the preparation of Activity Design by the concerned focal person, conduct of the capacity development activities, and submission of an Activity Report.	
<b>PURPOSE</b>	To define the standard process in the provision of capacity development activities to equip clients with relevant knowledge in the implementation of PPAs and maximize their potentials.	
<b>PROCESS DESCRIPTION</b>		
	<b>INPUT</b>	<b>PROCESS</b>
SOURCES	Activity Design	Provision of Capacity Development Activities
		<b>OUTPUT</b>
		Activity Report
<b>DESCRIPTIVE STATEMENT:</b> DILG is particularly concerned with improving the overall effectiveness of its personnel and other stakeholders in responding to the challenges presented by the nature of their functions. The conduct of capacity development activities is aimed towards professional evolution, generating new skills and capabilities.		

Step No.	Responsible Personnel	PROCESS/ACTIVITY	Details	References
1	<b>Regional/H UC Focal Person</b>	Prepare Activity Design	-Draft Activity Design and prepare other documentary requirements for the conduct of activity	Activity Design
2	<b>Division Chief/HUC Director</b>	Review the design	-DC/HUC Director reviews the content of the design and fund allocation	Activity Design
3	<b>Chief, Administrative Division</b>	Review the design	-CAD reviews and certifies allocation of funds and cash availability -Processing of backroom slip thru <b>Budget officer</b> for the Appropriation of funds; <b>Accountant</b> for cash availability; and <b>Supply Officer</b> for Availability of Equipment, Materials & others (if applicable)	Activity Design
4	<b>Assistant Regional Director</b>	Recommend for approval	-ARD reviews and recommends the same to RD for approval by affixing initial signature	Activity Design
5	<b>Regional Director</b>	Approval of design	-RD approves the activity design	Activity Design





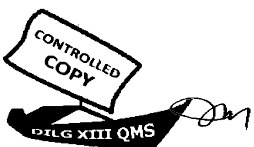
# QUALITY PROCEDURE (QP)

Step No.	Responsible Personnel	PROCESS/ACTIVITY	Details	References
			-Routes to RFP/HUC Focal for implementation of the capacity development activity	
6	RFP/HUC Focal	Prepare the corresponding admin requirements	-Prepares purchase request, PPMP, layout (if applicable) for submission to FAD	Approved Activity Design PR, PPMP, layout
7	RFP/ HUC Focal /Responsible Division	Conduct capacity development activities	-Conducts capacity development activities in accordance with the approved activity design	-Attendance Sheet -Distribution List -Certificate of Appearance -Certificate of Participation -Certificate of Appreciation -Customer Satisfaction Survey - Office/Regional Order
8	RFP/HUC focal	Prepare and submit Activity report with supporting documents for approval and submission to FAD	-Prepares Activity Report based on the activity conducted and facilitate review of DC and approval of RD	-Activity Report -Attendance Sheet -Distribution List (if applicable) -Customer Satisfaction Survey -CSS monitoring logsheet -CSS summary logsheet
9	RFP/HUC focal / Process owner	Retain records	-Retains records in accordance with the Control of Retained Documented Information Procedure and Master list of Records	

**Definition of Terms:**

- Capacity Development – CapDev activities include Trainings, Seminar, Orientation and Workshop

Prepared By	Reviewed By	Approved By
 <b>CHERRY N. VITOR</b> LGOO VI/Assistant Division Chief	 <b>ANNABEL F. MANGSON</b> LGOO VII	 <b>DONALD A. SERONAY</b> Asst Regional Director
<b>Process Owner</b>	<b>Division Chief</b>	<b>Regional QMR</b>
		 <b>LILIBETH A. FAMACION, CESO III</b> Regional Director
		<b>Top Management</b>





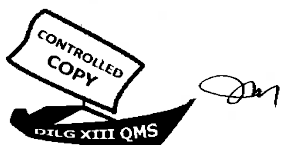
DILG REGION XIII (CARAGA)  
**QUALITY OBJECTIVE (QO)**

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<b>QO-QP-R13-LGCDD- 16</b>		
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<b>DIVISION/FOU</b>	Local Government Capability and Development Division
<b>QUALITY PROCEDURE TITLE</b>	Provision of Capacity Development Activities

Function	Key Performance Indicators (KPI)			Frequency of Monitoring Results	Responsible for Monitoring	Applicable Documents (e.g. Tracker, Monitoring Log Sheet, Summary Log Sheet, Report, Memo, etc.)
	Objective	Target	Indicator/Formula (if applicable)			
Provision of Capacity Development Activities	Satisfactory rating from the participants	80%	Total Number of received Satisfaction Rating/ Total number of ratings received  =(A/B) x 100	Every after the conduct of activity	Focal Person	<ul style="list-style-type: none"> <li>Post Evaluation Form</li> </ul>

Prepared By		Reviewed By		Approved By	
 <b>DONNA DIAL D. MADELO</b> LG00 II	 <b>JOCELYN C. JAYOMA</b> OIC, Division Chief	 <b>DONALD A. SERONAY</b> OIC-Asst. Regional Director	 <b>LILIBETH A. FAMACION, CESO III</b> Regional Director		
<b>Process Owner</b>	<b>Deputy QMR</b>	<b>Regional QMR</b>	<b>Top Management</b>		





DILG REGION XIII (CARAGA)  
**PROCESS QUALITY MONITORING  
 AND EVALUATION (QME)**

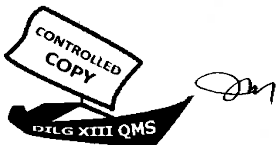
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<b>DIVISION/FOU</b>	Local Government Capability and Development Division
<b>PROCEDURE TITLE</b>	Provision of Capacity Development Activities
<b>OBJECTIVE STATEMENT</b>	Satisfactory rating from the participants
<b>CURRENT PERIOD</b>	

INDICATORS	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
<b>Objective 1: 80% satisfactory rating from the participants</b>													
A Total no. of received Satisfaction Rating/ Total number of ratings received													
B Total number of ratings received													
C Formula: $\frac{A}{B} \times 100$ Target Result: 80%													
D Gap Analysis: In case the objective is not met, put your analysis why it is not met													

**Note: For unmet targets, the QMS Secretariat will issue Corrective/Preventive Action Report (CPAR) duly signed by the DILG-XIII Deputy QMR.**

Prepared By	Reviewed By	Approved By
 <b>DONNA DIAL D. MADELO</b> LGOO II	 <b>JOCELYN C. JAYOMA</b> OIC, Division Chief	 <b>LILIBETH A. FAMACION, CESO III</b> Regional Director
<b>Process Owner</b>	<b>Deputy QMR</b>	<b>Regional QMR</b>
		<b>Top Management</b>





DILG 13- Caraga  
Provision of Capacity Development Activities  
Process Summary Logsheets and Database

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**QUALITY OBJECTIVE:** 80% satisfactory rating from the participants  
**FREQUENCY OF MONITORING:** Monthly  
**CURRENT PERIOD:**

No.	Type of Capacity Development Activity	Title of Capacity Development Activity	Date	Attendees	Office	Total Number of received satisfaction rating	Total Number of ratings received	Average Satisfaction Rating

Prepared By  
  
DONNA DIAL B. MADELO  
LG00 II  
Process Owner

Reviewed by  
  
JOCELYN C. JAYOMA  
OIC, Division Chief  
Deputy QMR





DILG REGION XIII  
**ACTIVITY DESIGN**

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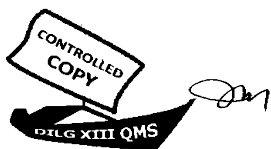
<b>ACTIVITY TITLE :</b>	
<b>PROGRAM:</b>	<b>ACTIVITY CODE:</b>

**I. BASIC INFORMATION**

<b>Location</b>	
<b>Date of Activity</b>	
<b>Responsible Person/s</b>	Focal Person
<b>Number of Target Participants</b>	
<b>Total Budget Requested</b>	

<b>Proposed by:</b>	Funds and Cash Availability
Name:	Name:
Position: (Division Chief/HUC Director)	Position: Chief, Administrative Division
Date:	Date:

Approved by:
Name:
Position: (Regional Director)
Date:





DILG REGION XIII  
**ACTIVITY DESIGN**

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**II. RATIONALE:**

**III. OBJECTIVE:**

**IV. CONTENT AND METHODOLOGY:**

DAY	ACTIVITY CONTENT	METHODOLOGY	RESOURCES NEEDED

**V. PARTICIPANTS & PERSONNEL INVOLVED**

Below is the breakdown of participants and personnel:

Expected Participant/Personnel Involved	TOTAL
<b>TOTALS</b>	

**VI. EXPECTED OUTPUTS**

\* Some example of Expected Output: Agreements, Commitments, Action Plan, Workshop Outputs

**VII. MONITORING AND EVALUATION**

\* Pre and Post Evaluation can serve as monitoring & evaluation

\* Simple narrative on how to achieve the objectives







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**ACTIVITY DESIGN**

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### VIII. BUDGETARY REQUIREMENTS

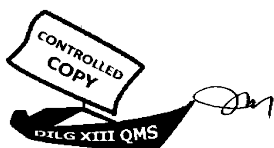
**Proposed Budget:**

EXPENSE CATEGORY	AMOUNT
a. Supplies and Materials	
b. Meals/Snacks	
c. Accommodation	
d. Honorarium	
e. Travel	
f. Others (e.g. Venue Rental, Equipment Rental)	
<b>GRAND TOTAL</b>	

**Sources of Funds:**

FUND TYPE	SOURCE CODE (SR #)	AMOUNT
<b>TOTAL</b>		

*\*Fund Type could be Regular Fund, Trust Fund, or downloaded program funds, or others as specified*





DILG REGION XIII  
**ACTIVITY DESIGN**

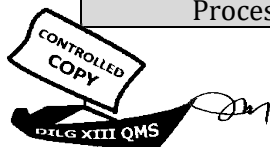
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**BACKROOM TRANSACTION**

ACTIVITY TITLE :	
Location	
Date of Activity	
Responsible Person/s	
Number of Target Participants	
Total Budget Requested	
Prepared by	
Funds Allocation	Source of Funds::  Name: _____ Position: Budget Officer Date:
Availability of Funds	Name: _____ Position: Accountant Date:
Availability of Equipment, Materials & others as needed in the activity to be conducted (if applicable)	Name: _____ Position: GSS - AO V Date:

**Note: To be used as reference for approval by the Chief of Administrative Division before signing the Activity Design as to Funds and Cash Availability for the proposed activity.**

Prepared by:	Reviewed by:	Approved by:
 <b>CHERRY N. VITOR</b> Asst. Division Chief, LGCDD Process Owner	 <b>DONALD A. SERONAY</b> Assistant Regional Director Regional QMR	 <b>LILIBETH A. FAMACION, CESO III</b> Regional Director Top Management





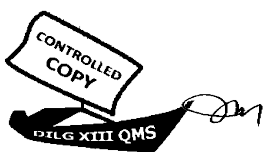
DILG REGION XIII  
**ACTIVITY REPORT**

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**I. BASIC INFORMATION**

Title	
Date	
Venue	
Responsible Person(s)/Division	
Total Budget Requested	
Actual Expenditure	

**II. EXECUTIVE SUMMARY**





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**ACTIVITY REPORT**

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**III. OBJECTIVES**

At the end of the capacity building activity, the participants were able to:

1. -
2. -
3. -

**IV. METHODOLOGY**

The activity made use of the following methodologies:

- a) -
- b) -
- c) -
- d) -
- e) -

**V. HIGHLIGHTS**

- -
- -
- -

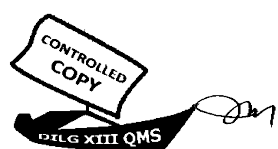
**VI. PARTICIPANTS/ATTENDEES AND CAPDEV MANAGEMENT TEAM**

No. of Participants/ Attendees by Profile/Type**	Operating Unit/Level*								Sex Disaggregation		TOTAL PAX PER TYPE
									F	M	
<i>(e.g. LCEs)</i> <i>(a)</i>											
<i>(e.g. MPDCs)</i> <i>(b)</i>											
<i>(e.g. MLGOOs)</i> <i>(c)</i>											
<b>Others</b> <i>(d)</i>											
<b>CapDev Management Team/Staff</b> <i>(e)</i>											
<b>Resource Persons</b> <i>(f)</i>											
<b>Total</b>											

\*Operating Unit (for Region): ADN, ADS, SDN, SDS, PDI, BXU, RO, CO (include only those that apply)

\*Level (for FOU): Barangay, City/Municipality/Province/Region/National (include only those that apply)

\*\*Participant Type/Profile: e.g. Mayors, Accountants, Engineers, PBs, etc.





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**ACTIVITY REPORT**

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*\*\*Add additional rows for more participant types*

**VII. FINANCIAL REPORT**

Particulars	Amount Budgeted	Actual Expenditures	Surplus (Deficit)
Supplies			
Meals			
Accommodation			
Honoraria			
Travel			
Others			
TOTAL			

**VIII. OUTPUTS/NEXT STEPS (IF APPLICABLE)**

**IX. COMMENTS AND SUGGESTIONS/RECOMMENDATIONS**

*(Include results from Post-Activity Evaluation of Participants, Impressions, and Critiquing & Cliniquing/Debriefing Session of CapDev Team/working committee)*

Prepared by:

Reviewed by:

**NAME:**

Position:

Date:

**NAME:**

Position:

Date:

Approved by:

**NAME:**

Position: Regional Director/Provincial/City Director

Date:

**Annex:**

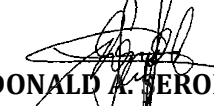
Pictorial (food, participants, discussants, workshops and outputs)





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**ACTIVITY REPORT**

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DILG REGION XIII

# CERTIFIED ATTENDANCE SHEET

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This is to certify that the following personnel/participants have attended the *at on*

REGION/FOU: \_\_\_\_\_ DAY NUMBER: 1 DATE: \_\_\_\_\_ ACTIVITY CODE: \_\_\_\_\_

	Name (1)	Office/LGU/Agency/ Organization (2)	Position/ Designation (3)	Sex (4)		Signature (5)		
				M (4a)	F (4b)	Morning (5a)	Afternoon (5b)	Accommodation (5c)
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

*Note: Please shade not applicable sub-columns under column 5.*

Issued this \_\_\_\_\_ day of \_\_\_\_\_ at \_\_\_\_\_.

\_\_\_\_\_  
In-charge of the Activity

\_\_\_\_\_  
Head of Office/Authorized Official

Prepared By:	Reviewed By:	Approved by:
 <b>CHERRY N. VITOR</b> Asst. Division Chief, LGCDD Process Owner	 <b>DONALE A. SERONAY</b> Asst. Regional Director Regional QMR	 <b>LILIBETH A. FAMACION, CESO III</b> Regional Director Top Management

