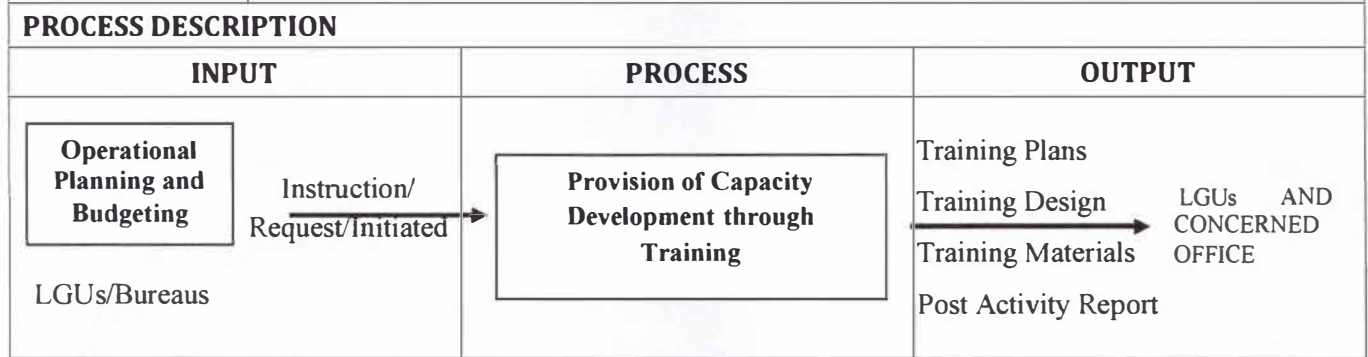




# QUALITY PROCEDURE (QP)

Document Code		
<b>QP-R12-LGCDD-35</b>		
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<b>PROCEDURE TITLE</b>	<b>PROVISION OF CAPABILITY DEVELOPMENT THROUGH TRAINING</b>
<b>SCOPE</b>	This procedure covers the activities as per instruction/advise from the Department's Line Bureaus and Services, request from Local Government Units (LGUs) and/or as initiated by the Division/Units/Field Office up to conduct of training and submission of Post - Activity Report.
<b>PURPOSE</b>	To define the standard procedure for developing and conducting training for internal and external clients.



**DESCRIPTIVE STATEMENT:**  
Concerned Unit, Field Office prepare and develop its training plan, training design and materials necessary to conduct training as per approved Operation Plan and Budget (OPB).

Step No.	Responsible Personnel	PROCESS/ACTIVITY	Details	References
<b>A. Preparation of Training Plan</b>				
1.	Concerned Divisions/Units/Field Offices (Provincial and City)	Preparation of Training Plan	Prepare the Training Plan with Budgetary Requirements and Schedule of planned trainings based on the approved OPB.  <b>Note:</b> <i>In case of changes due to direct instruction from Management, revise accordingly and secure re-approval.</i>  <i>For the second semester Training Plan, ensure alignment with the revised/realigned OPB.</i>	<ul style="list-style-type: none"> <li>OPB</li> <li>APP</li> <li>Training Plan Form</li> <li>Monitoring Report</li> </ul>
2	Regional/Provincial / City Directors	Approval of Training Plan	<ul style="list-style-type: none"> <li>Approve the Training Plan if found in order; else, return to Planning Officer/Designated Personnel for appropriate action.</li> </ul>	<ul style="list-style-type: none"> <li>Training Plan</li> <li>OPB</li> </ul>





# QUALITY PROCEDURE (QP)

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Step No.	Responsible Personnel	PROCESS/ACTIVITY	Details	References
			<ul style="list-style-type: none"> <li>Provide copy of the approved final version of the Training Plan to the concerned Division(s)/Unit(s).</li> </ul> <p><b>Note:</b></p> <p><i>Copy furnished all Planning Link of every Division, Unit and Field Office of the approved Training Plan. .</i></p>	
<b>B. Training Design</b>				
1	Concerned Personnel/ Focal Person	Training Design Preparation	<ul style="list-style-type: none"> <li>Plan for the design by identifying input(s) required and output(s) expected.</li> <li>Prepare the Training Program Design using Regional Template.</li> <li>Submit the Training Design to Division Chief/Unit Head/Program or Outcome Manager for comments.</li> <li>Prepare Technical and Administrative Requirements in accordance with circulars and policies.</li> <li>Check availability of training module.</li> <li>Identify, coordinate with resource persons/participants.</li> </ul>	<ul style="list-style-type: none"> <li>Training Plan</li> <li>Training Design</li> <li>FM-QP-R12-LGCDD-01-05</li> <li>Training Checklist Form</li> <li>DILG Circular 2018-15</li> <li>DILG RO XII: Submission of Requirements of Common-use Supplies and Requirements and Goods and Services for Programmed Projects.</li> </ul>
2	Division Chief/Unit Head	Review the Training Design	<ul style="list-style-type: none"> <li>Review the Training Design based on Policy Guidelines on the conduct of training and others Capacity Development Activities.</li> </ul>	<ul style="list-style-type: none"> <li>Training Design</li> <li>DILG Circular 2018-15</li> </ul>

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# QUALITY PROCEDURE (QP)

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Step No.	Responsible Personnel	PROCESS/ACTIVITY	Details	References
			<ul style="list-style-type: none"> <li>If found in order, sign the training design for approval.</li> </ul>	<ul style="list-style-type: none"> <li>DILG RO XII: Submission of Requirements of Common-use Supplies and Requirements and Goods and Services for Programmed Projects.</li> </ul>
<b>C. Training Materials Preparation</b>				
<b>1</b>	Concerned Division, Units and Field Offices	Identification of Training Needs	<ul style="list-style-type: none"> <li>Receive DILG Central Bureaus/Division/Units/Field Offices and LGUs request and/or advise and/or</li> <li>Identifying needs for training and/or coaching session.</li> </ul>	<ul style="list-style-type: none"> <li>Monitoring Report/Request/ Directive from Management.</li> <li>Monitoring Report;</li> <li>Directive from Management;</li> <li>OPB</li> </ul>
<b>2</b>	Focal Person/Concerned Officer	Preparation of Training Material(s)	<ul style="list-style-type: none"> <li>Based on the identified training objectives, output and methodology, determine the necessary training materials.</li> <li>Procurement of Training Materials, supplies and provision of Accomodation for face-to-face training and Catering based on the Regional Policy (see DILG Circular 2018-15 and in accordance with RA 9184)</li> <li>Preparation of other training documents such as but not limited to:               <ol style="list-style-type: none"> <li>Pre and Post Evaluation Questionnaire</li> </ol> </li> </ul>	<ul style="list-style-type: none"> <li>Training Design</li> <li>DILG Circular 2018-15;</li> <li>DILG RO XII: Submission of Requirements of Common-use Supplies and Requirements and Goods and Services for Programmed Projects</li> </ul>





**QUALITY  
PROCEDURE (QP)**

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Step No.	Responsible Personnel	PROCESS/ACTIVITY	Details	References
			2) Powerpoint Presentations 3) Training Kits 4) Handouts 5) Attendance Sheets 6) Program of Activities  • Organize the training materials.	
<b>D. Training Management</b>				
<b>1</b>	Training Team (Regional/Provincial/City/Municipal)	Conduct of the Training	<b>FOR FACE-TO-FACE TRAINING</b> <ul style="list-style-type: none"> <li>Facilitate and manage the conduct of training:               <ol style="list-style-type: none"> <li>Secretariat services</li> <li>Program flow facilitation and documentation of the entire activity</li> <li>Administers, review and assess the Pre and post evaluation survey/questionnaires</li> </ol> </li> </ul> <b>FOR VIRTUAL PLATFORM</b> <ul style="list-style-type: none"> <li>Set-up the ICT equipment for the virtual training               <ol style="list-style-type: none"> <li>Secretariat services</li> <li>Program flow facilitation and documentation of the entire activity</li> <li>Administers, review and assess the Pre and post evaluation survey/questionnaires</li> </ol> </li> </ul>	<ul style="list-style-type: none"> <li>Approved Training Design</li> <li>Attendance Sheet</li> <li>Program of Activities</li> <li>Accomplished pre and post evaluation questionnaires</li> </ul>
<b>2</b>	Focal Person/ Concerned Officer	Submission of Terminal Report	<ul style="list-style-type: none"> <li>Prepare and submit the draft Terminal report with necessary attachments for</li> </ul>	<ul style="list-style-type: none"> <li>Terminal Report</li> </ul>





**QUALITY  
PROCEDURE (QP)**

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Step No.	Responsible Personnel	PROCESS/ACTIVITY	Details	References
			submission to the Division Chief/Regional/Director for comments and/or approval.  • If approved, forward the Terminal Report to the concerned division, copy furnished the appropriate office when necessary.	
3	Process Owner	Retain records	• Update the Process Summary Log Sheet.  • Retain records in accordance with the Control of Retained Documented Information Procedure and the Retained Documents Information.	• Process Summary Log Sheet  • Control of Documented Information Procedure  • Masterlist of Retained Documents Information

Prepared by:		Reviewed by:		Approved by:	
<b>ALMIE G. CASTILLO</b> Process Owner	<b>JERMIE A. ERIE-YEAGER</b> Deputy QMR	<b>LAILYN A. ORTIZ, CESO V</b> Regional QMR		<b>JOSEPHINE CABRIDO-LEYSA, CESO III</b> Top Management	





**QUALITY  
OBJECTIVE (QO)**

Document Code		
<b>QO-QP-R12-LGCDD-35</b>		
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<b>OFFICE</b>	LOCAL GOVERNMENT CAPABILITY DEVELOPMENT DIVISION
<b>QUALITY PROCEDURE TITLE</b>	<b>PROVISION OF CAPABILILTY DEVELOPMENT THROUGH TRAINING</b>

Function	Key Performance Indicators (KPIs)			Frequency of Monitoring Results	Responsible for Monitoring	Applicable Documents (e.g. Tracker, Monitoring Log Sheet, Report, Memo, etc.)
	Objective	Target	Indicator/Formula (if applicable)			
Training Management	All conducted trainings have an average Clients' Satisfactory Rating of not less than 3 (Satisfactory)	100%	$\frac{\text{Total No. of trainings with an average Clients' Satisfactory Rating of not less than 3 (satisfactory)}}{\text{Total No. of trainings conducted for the quarter}} \times 100$	Quarterly	RO/PO/C/MLGOO	Log sheet

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# PROCESS QUALITY MONITORING AND EVALUATION (QME)

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<b>OFFICE</b>	LOCAL GOVERNMENT CAPABILITY DEVELOPMENT DIVISION
<b>PROCEDURE TITLE</b>	<b>PROVISION OF CAPABILITY DEVELOPMENT THROUGH TRAINING</b>
<b>OBJECTIVE STATEMENT</b>	1. All conducted trainings have an average Clients' Satisfaction Rating of not less than 3 (satisfactory)
<b>CURRENT PERIOD</b>	

INDICATORS		1 <sup>ST</sup> QUARTER	2 <sup>ND</sup> QUARTER	3 <sup>RD</sup> QUARTER	4 <sup>TH</sup> QUARTER	TOTAL
Objective 1: All conducted trainings have Clients Satisfaction Rating of not less than 3 (satisfactory)						
A	No. of trainings conducted with an average Clients' Satisfactory Rating of not less than 3.0					
B	Total No. of trainings conducted for the quarter					
C	Formula: $\frac{A}{B} \times 100$ Target Result : 100%					
D	Gap Analysis: (In case the objective is not met, put your analysis why it is not met)					

<b>Prepared by:</b>	<b>Noted by:</b>
Process Owner	Deputy QMR

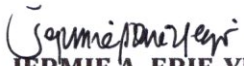
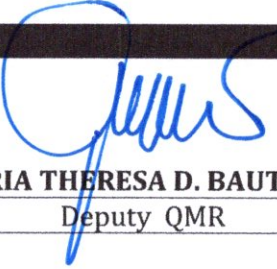






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DILG - REGION 12 (SOCCSKSARGEN)

# PROCESS QUALITY MONITORING AND EVALUATION (QME)

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				 <b>JOSEPHINE CABRIDO-LEYSA, CESO V</b> Regional Director	



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 DILG - REGION 12 (SOCCSKSARGEN)  
**PROVISION OF CAPABILITY DEVELOPMENT THROUGH TRAINING**  
**Process Summary Logsheet (PSL)**

Document Code		
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QUALITY OBJECTIVE:

- All conducted trainings have an average Clients Satisfaction Rating of not less than 3 (satisfactory)

FREQUENCY OF MONITORING: **Quarterly**

COVERED PERIOD:

Due Date of Submission:

No.	TITLE/SUBJECT OF TRAINING IDENTIFIED	TRANEESS (LGU/ DILG RO/FO)	OBJECTIVE RESULTS			
			DATE OF TRAINING CONDUCTED	Post Training Form Rating	Met	Unmet
<b>1</b>						
<b>Total Result</b>						

Prepared By

<b>Process Owner</b>

Noted By

<b>Deputy QMR</b>

Prepared by

<b>ALMIE G. CASTILLO</b>	 <b>ERMIE A. ERIE-YBAGER</b>
<b>Process Owner</b>	<b>Deputy QMR</b>

Reviewed by:

 <b>LAILYN A. ORTIZ, CESO V</b>
<b>Regional QMR</b>

Approved by:

 <b>JOSEPHINE CABRIDO-LEYSA, CESO III</b>
<b>Regional Director</b>

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Division: **LOCAL GOVERNMENT CAPABILITY DEVELOPMENT DIVISION**

**MASTER LIST OF INTERNAL DOCUMENTS**

DOCUMENT CODE	DOCUMENT TITLE	REVISION				
		00	01	02	03	04
<b>PROVISION OF CAPABILITY DEVELOPMENT THROUGH TRAINING</b>						
QP-R12-ORD-35	Quality Procedure: Provision of Capability Development Thru Training	10012017	07152020			
QO-QP-R12-ORD-35	Quality Objective: Provision of Capability Development Thru Training	10012017	07012019			
QME-QP-R12-ORD-35	Quality Monitoring and Evaluation: Provision of Capability Development Thru Training	10012017	07012019			
FM-QP-R12-ORD-35-01	Process Summary Logsheet: Provision of Capability Development Thru Training	10012017	07152020			
FM-SP-R12-03A-01	Master List of Internal Documents: Provision of Capability Development Thru Training	10012017				
FM-SP-R12-03B-01	Master List of External Documents: Provision of Capability Development Thru Training	10012017				
FM-SP-R12-03C-01	Master List of Retained Documented Information: Provision of Capability Development Thru Training	10012017				
FM-SP-R12-02-01A	Risk Registry (Objective): Provision of Provision of Capability Development Thru Training	10012017				
FM-SP-R12-02-01B	Risk Registry (Process): Provision of Provision of Capability Development Thru Training	10012017				
FM-QP-R12-ORD-35-02	Training Plan	10012017				
FM-QP-R12-ORD-35-03	Training Checklist	10012017				
FM-QP-R12-ORD-35-04	Post Training Evaluation Form	10012017	07152020			

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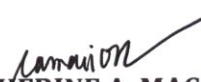
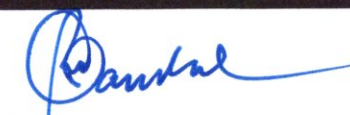
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Division: **LOCAL GOVERNMENT CAPABILITY DEVELOPMENT DIVISION**

**MASTER LIST OF EXTERNAL DOCUMENTS**

DOCUMENT CODE	DOCUMENT TITLE	REVISION					
		00	01	02	03	04	05
<b>PROVISION OF CAPABILITY DEVELOPMENT THROUGH TRAINING</b>							
	Reference Materials						
	Training Modules						
	Circulars						
	Local Government Code of 1991						

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Division: **LOCAL GOVERNMENT CAPABILITY DEVELOPMENT DIVISION**

**MASTER LIST OF RETAINED DOCUMENTED INFORMATION**

DOCUMENT CODE	DOCUMENT TITLE	CUSTODIAN	LOCATION	FILING SYSTEM		RETENTION PERIOD			DISPOSAL
				FOLDER	SCHEME	ACTIVE	STORAGE	TOTAL	
<b>PROVISION OF CAPABILITY DEVELOPMENT THROUGH TRAININGS</b>									
FM-QP-R12-ORD-35-02	Training Plan	LGCCD Records Officer	White Shelves, Red arch File	TRAINING PLAN	Semestral (latest on top)	3 years	3 years	6 years	Shredding/Re-use
FM-QP-R12-ORD-35-03	Activity Design	LGCCD Records Officer	White Shelves, Red arch File	PROJECT/ACTIVITY DESIGN	Sequently by Month (Latest on Top)	3 years	3 years	6 years	Shredding/Re-use
FM-QP-R12-ORD-35-05	Activity Terminal Report	LGCCD Records Officer	White Shelves, Red arch File	TERMINAL REPORT	Sequently by Month	3 years	3 years	6 years	Shredding/Re-use

Prepared by:	Noted by:
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**RISK REGISTRY**  
**(A) OBJECTIVE RISK ASSESSMENT**

DIVISION: **LOCAL GOVERNMENT CAPABILITY DEVELOPMENT DIVISION**  
 PROCEDURE: **PROVISION OF CAPABILITY DEVELOPMENT THROUGH TRAINING**

OBJECTIVE	RELEVANT ISSUE(S)	RELEVANT INTERESTED PARTIES (refer to IP Matrix for Requirements)	POTENTIAL RISK	RISK TRIGGER	CONSEQUENCE (Positive or Negative)	EXISTING RISK CONTROL MEASURE	RISK ASSESSMENT								RISK CONTROL PLAN			
							IMPACT	LIKELIHOOD	DETECTION	RATING	RISK LEVEL (L, M, H)	S, NS	RISK CONTROL ACTION	RPN (Risk Priority No.)	ACTION PLAN (if risk rating is significant)	RESPONSIBLE	TIMELINE	RESOURCE
90% of training designs prepared and approved 2 weeks prior to the conduct of the activity	Many planned Agency activities and others directly instructed by the Management	1. Regional Management (RD,ARD, Div. Chief, RFPs, Unit Heads); 2. Sub-regional Offices (PDs, Oms/PMs, Planning Link,CDs,C/MLGO Os; 3. LGUs	Postponement or cancellation of training	Conflict in schedules (other more urgent activities)	Unmet target resulting to unmet OPB	Rescheduling	3	3	1	9	L	NS	No further action required	3	N/A			
Delay in the compliance to BAC Requirements/Procurement documents	Delay in the compliance to BAC Requirements/Procurement documents	1. Regional Management (RD,ARD, Div. Chief, RFPs, Unit Heads); 2. Sub-regional Offices (PDs, Oms/PMs, Planning Link,CDs,C/MLGO Os; 3. LGUs	CapDev Program not conducted on the prescribe date	Appropriate signatories on official business/BAC meetings not conducted due to absence of quorum/BAC Chairperson on Leave or in Official Business	Target and commitments not conducted on the prescribed date	Letter to external and/or internal clients of rescheduling of activity	4	3	3	36	M	NS	NA	2	NA			
All conducted trainings have 90% Clients Satisfaction Rating of not less than 3 (satisfactory)	None	1. Regional Management (Div. Chief, RFPs, Unit Heads); 2. Sub-regional Offices (PDs, Oms/PMs, Planning Link,CDs,C/MLGO Os; 3. LGUs;	Low customer satisfaction rating	Unmet expectations for CapDev	Unmet objective	Detect points of client dissatisfaction during the engagement and provide immediate action as much as possible	3	3	2	18	L	NS	No further action required	3	N/A			

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OBJECTIVE	RELEVANT ISSUE(S)	RELEVANT INTERESTED PARTIES (refer to IP Matrix for Requirements)	POTENTIAL RISK	RISK TRIGGER	CONSEQUENCE (Positive or Negative)	EXISTING RISK CONTROL MEASURE	RISK ASSESSMENT						RISK CONTROL PLAN					
							IMPACT	LIKELIHOOD	DETECTION	RATING	RISK LEVEL (L, M, H)	S, NS	RISK CONTROL ACTION	RPN (Risk Priority No.)	ACTION PLAN (if risk rating is significant)	RESPONSIBLE	TIMELINE	RESOURCE
90% of terminal reports prepared and submitted within 15 days after the activity	1. Overlapping activities (Central/Regional /Provincial Offices) for the implementation of projects/programs/activities; 2. Numerous PPAs being implemented by a single employee; 3. Procrastination/Mañá Habit; 4. No Designate of Alternate to Focal Person	1. RD; 2. ARD	Delayed submission of the Terminal Report	Focal Person is conducting/attending different activities is on official travel/business and/or on sickleave	1. Management not informed of the agreements and targets set during the activity; 2. no corrective action or policy issued to further improve the services/technical assistance	1. Memo on the Timeline for submission of Terminal Report; 2. Request for additional staff to assist FP	3	5	2	30	M	NS	Alert level not no action required	2	N/A			

RISK ASSESSMENT:	RISK RATING	RISK LEVEL	RISK DESCRIPTION	ACTION REQUIRED	RPN
IMPACT: 1-Insignificant; 2-Minor; 3-Moderate; 4-Major; 5-Extreme	1 - 25	LOW	Not Significant	No further action required (Retain risk by In	3
LIKELIHOOD: 1-Rare; 2-Unlikely; 3-Moderate; 4-Likely; 5-Almost Certain	26-40	MODERATE	Not Significant	Alert level but no further action required for ne	2
DETECTION 1 - Very likely, 2 - Likely; 3 - Low, 4 - R	>40	HIGH	Significant	Control (e.g. Treat/Mitigate Transfer, Termina	1

Risk Rating = Impact X Likelihood X Detection

Prepared by:	Reviewed by:	Recommending Approval:	Approved by:
 <b>IAN JON S. CLEMENTE</b> Process Owner	 <b>RILIMIN H. SANDOVAL</b> Deputy QMR	 <b>IAN JON S. CLEMENTE</b> Risk Review Committee Head	 <b>LAILYNA A. ORTIZ, CESE</b> Regional QMR
			 <b>REYNALDO M. BUNGUBUNG, CSO IV</b> Regional Director

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**RISK REGISTRY**  
**(B) PROCESS RISK ASSESSMENT**

DIVISION: **LOCAL GOVERNMENT CAPABILITY DEVELOPMENT DIVISION**  
 PROCEDURE: **PROVISION OF CAPABILITY DEVELOPMENT THROUGH TRAINING**

PROCESS STEP (Based on the procedure's key process steps)	POTENTIAL RISK	RISK TRIGGER	CONSEQUENCE (Positive or Negative)	EXISTING RISK CONTROL MEASURE	RISK ASSESSMENT								RISK CONTROL PLAN			
					IMPACT	LIKELIHOOD	DETECTION	RATING	RISK LEVEL (L, M, H)	S, NS	RPN (Risk Priority No.)	RISK CONTROL ACTION	ACTION PLAN (If risk rating is significant)	RESPONSIBLE	TIMELINE	RESOURCE
Preparation of Training Plan for the conduct of the activity	Requirements not prepared on prescribed date prior to the conduct of the activity	Focal Person is conducting/attending different activities or is on official travel/business or on sick leave	Delayed review and approval of documents due to delayed preparation of documents	Resolution on the Timeline for Training Plan Requirements Preparation	4	4	2	32	M	NS	A	3	NA	NA	NA	NA
Receipt of either LGU request for training or Line Bureau letter/Instruction to conduct activity	Delayed receipt of request or Instructions	Records officer/Focal Person is conducting/attending different activities or is on official travel/business or on sick leave	Preparation of Administrative and technical requirements not done on time due to delayed preparation of documents	Communication flow	4	3	3	36	M	NS	A	2	NA	NA	NA	NA
Preparation of administrative and technical requirements for the conduct of the activity	Requirements not prepared on prescribed date prior to the conduct of the activity	Records officer/Focal Person is conducting/attending different activities or is on official travel/business or on sick leave	Delayed review and approval of documents due to delayed preparation of documents	BAC Resolution on the timeline of submission of requirements in conducting an activity	4	4	2	32	M	NS	A	3	NA	NA	NA	NA
Review of Documents	Documents not reviewed on time	Authorized person to review is conducting/attending different activities or is on official travel/business or on sick leave	Activity not conducted on the prescribed date	Regional Order designation OIC	4	4	2	32	M	NS	A	4	NA	NA	NA	NA
Approval and signing of document	Delayed approval of the documents	Appropriate signatories is on official business/BAC meeting not conducted due to absence of quorum/BAC Chairperson on leave or in official business or sick leave	Activity not conducted on the prescribed	Regional Order designation OIC	4	4	2	32	M	NS	A	5	NA	NA	NA	NA







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PROCESS STEP (Based on the procedure's key process steps)	POTENTIAL RISK	RISK TRIGGER	CONSEQUENCE (Positive or Negative)	EXISTING RISK CONTROL MEASURE	RISK ASSESSMENT								RISK CONTROL PLAN			
					IMPACT	LIKELIHOOD	DETECTION	RATING	RISK LEVEL (L, M, H)	S, NS	RPN (Risk Priority No.)	RISK CONTROL ACTION	ACTION PLAN (if risk rating is significant)	RESPONSIBLE	TIMELINE	RESOURCE
Submission of Terminal Report	Terminal Report not submitted on the prescribe date	Focal Person is conducting/attending different activities or on official travel, business/or on Sick Leave		1. Assign additional personnel to documents the activity and preparation of report; 2. Request for additional staff to assist the FP	3	5	2	30	M	NS	A	2	NA	NA	NA	NA
Retention and Records	Lose track of records/ No reference	Focal Person is conducting/attending different activities or on official travel, business/or on Sick Leave	Lacking Records		3	5	2	30	M	NS	A	2	NA	NA	NA	NA
<b>RISK ASSESSMENT:</b>		<b>RISK RATING</b>	<b>RISK LEVEL</b>	<b>RISK DESCRIPTION</b>	<b>ACTION REQUIRED</b>							<b>RPN</b>				
IMPACT:		1-Insignificant; 2-Minor;	1 - 25	LOW	No further action required (Retain risk by informed decision)							3				
LIKELIHOOD:		1-Rare; 2-Unlikely; 3-	26-40	MODERATE	Alert level but no further action required for now							2				
DETECTION		1 - Very likely, 2 - Likely;	>40	HIGH	Control (e.g., Treat/Mitigate Transfer, Terminate)							1				
<b>Risk Rating = Impact X Likelihood X Detection</b>																

Prepared by:	Reviewed by:	Recommending Approval:	Approved by:
 IAN JON C. CLEMENTE Process Owner	 RILIMIN H. SANDOVAL Deputy QMR	 IAN JON C. CLEMENTE Risk Review Committee Head	 REYNALDO M. BUNGUBUNG, CESO IV Regional Director
		 LAILYN A. ORTIZ, CESE Regional QMR	

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**RISK REGISTRY**  
**(A) OBJECTIVE RISK ASSESSMENT**

DIVISION: **LOCAL GOVERNMENT CAPABILITY DEVELOPMENT DIVISION**  
 PROCEDURE: **PROVISION OF CAPABILITY DEVELOPMENT THROUGH TRAINING**

OBJECTIVE	RELEVANT ISSUE(S)	RELEVANT INTERESTED PARTIES (refer to IP Matrix for Requirements)	POTENTIAL RISK	RISK TRIGGER	CONSEQUENCE (Positive or Negative)	EXISTING RISK CONTROL MEASURE	RISK ASSESSMENT								RISK CONTROL PLAN			
							IMPACT	LIKELIHOOD	DETECTION	RATING	RISK LEVEL (L, M, H)	S, NS	RISK CONTROL ACTION	RPN (Risk Priority No.)	ACTION PLAN (If risk rating is significant)	RESPONSIBLE	TIMELINE	RESOURCE
90% of training designs prepared and approved 2 weeks prior to the conduct of the activity	Many planned Agency activities and others directly instructed by the Management	1. Regional Management (RD,ARD, Div. Chief, RFPs, Unit Heads); 2. Sub-regional Offices (PDs, Oms/PMs, Planning Link,CDs,C/MLGO Os; 3. LGUs	Postponement or cancellation of training	Conflict in schedules (other more urgent activities)	Unmet target resulting to unmet OPB	Rescheduling	3	3	1	9	L	NS	No further action required	3	N/A			
	Delay in the compliance to BAC Requirements/Procurement documents	1. Regional Management (RD,ARD, Div. Chief, RFPs, Unit Heads); 2. Sub-regional Offices (PDs, Oms/PMs, Planning Link,CDs,C/MLGO Os; 3. LGUs	CapDev Program not conducted on the prescribe date	Appropriate signatories on official business/BAC meetings not conducted due to absence of quorum/BAC Chairperson on Leave or in Official Business	Target and commitments not conducted on the prescribed date	Letter to external and/or internal clients of rescheduling of activity	4	3	3	36	M	NS	NA	2	NA			
All conducted trainings have 90% Clients Satisfaction Rating of not less than 3 (satisfactory)	None	1. Regional Management (Div. Chief, RFPs, Unit Heads); 2. Sub-regional Offices (PDs, Oms/PMs, Planning Link,CDs,C/MLGO Os; 3. LGUs;	Low customer satisfaction rating	Unmet expectations for CapDev	Unmet objective	Detect points of client dissatisfaction during the engagement and provide immediate action as much as possible	3	3	2	18	L	NS	No further action required	3	N/A			

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OBJECTIVE	RELEVANT ISSUE(S)	RELEVANT INTERESTED PARTIES (refer to IP Matrix for Requirements)	POTENTIAL RISK	RISK TRIGGER	CONSEQUENCE (Positive or Negative)	EXISTING RISK CONTROL MEASURE	RISK ASSESSMENT							RISK CONTROL PLAN				
							IMPACT	LIKELIHOOD	DETECTION	RATING	RISK LEVEL (L, M, H)	S, NS	RISK CONTROL ACTION	RPN (Risk Priority No.)	ACTION PLAN (if risk rating is significant)	RESPONSIBLE	TIMELINE	RESOURCE
90% of terminal reports prepared and submitted within 15 days after the activity	1. Overlapping activities (Central/Regional/Provincial Offices) for the implementation of projects/programs/activities; 2. Numerous PPAs being implemented by a single employee; 3. Procrastination/Mañá Habit; 4. No Designate of Alternate to Focal Person	1. RD; 2. ARD	Delayed submission of the Terminal Report	Focal Person is conducting/attending different activities is on official travel/business and/or on sickleave	1. Management not informed of the agreements and targets set during the activity; 2. no corrective action or policy issued to further improve the services/technical assistance	1. Memo on the Timeline for submission of Terminal Report; 2. Request for additional staff to assist FP	3	5	2	30	M	NS	Alert level not no action required	2	N/A			

RISK ASSESSMENT:	RISK RATING	RISK LEVEL	RISK DESCRIPTION	ACTION REQUIRED	RPN
IMPACT: 1-Insignificant; 2-Minor; 3-Moderate; 4-Major; 5-Extreme	1 - 25	LOW	Not Significant	No further action required (Retain risk by in	3
LIKELIHOOD: 1-Rare; 2-Unlikely; 3-Moderate; 4-Likely; 5-Almost Certain	26-40	MODERATE	Not Significant	Alert level but no further action required for n	2
DETECTION 1 - Very likely, 2 - Likely; 3 - Low, 4 - R	>40	HIGH	Significant	Control (e.g. Treat/Mitigate Transfer, Termina	1

Risk Rating = Impact X Likelihood X Detection

Prepared by:	Reviewed by:	Recommending Approval:	Approved by:
 <b>IAN JON S. CLEMENTE</b> Process Owner	 <b>RILIMIN H. SANDOVAL</b> Deputy QMR	 <b>IAN JON S. CLEMENTE</b> Risk Review Committee Head	 <b>REYNALDO M. BUNGUBUNG, CESO IV</b> Regional Director



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**RISK REGISTRY**  
**(B) PROCESS RISK ASSESSMENT**

DIVISION: **LOCAL GOVERNMENT CAPABILITY DEVELOPMENT DIVISION**  
 PROCEDURE: **PROVISION OF CAPABILITY DEVELOPMENT THROUGH TRAINING**

PROCESS STEP (Based on the procedure's key process steps)	POTENTIAL RISK	RISK TRIGGER	CONSEQUENCE (Positive or Negative)	EXISTING RISK CONTROL MEASURE	RISK ASSESSMENT								RISK CONTROL PLAN			
					IMPACT	LIKELIHOOD	DETECTION	RATING	RISK LEVEL (L, M, H)	S, NS	RPN (Risk Priority No.)	RISK CONTROL ACTION	ACTION PLAN (if risk rating is significant)	RESPONSIBLE	TIMELINE	RESOURCE
Preparation of Training Plan for the conduct of the activity	Requirements not prepared on prescribed date prior to the conduct of the activity	Focal Person is conducting/attending different activities or is on official travel/business or on sick leave	Delayed review and approval of documents due to delayed preparation of documents	Resolution on the Timeline for Training Plan Requirements Preparation	4	4	2	32	M	NS	A	3	NA	NA	NA	NA
Receipt of either LGU request for training or Line Bureau letter/instruction to conduct activity	Delayed receipt of request or instructions	Records officer/Focal Person is conducting/attending different activities or is on official travel/business or on sick leave	Preparation of Administrative and technical requirements not done on time due to delayed preparation of documents	Communication flow	4	3	3	36	M	NS	A	2	NA	NA	NA	NA
Preparation of administrative and technical requirements for the conduct of the activity	Requirements not prepared on prescribed date prior to the conduct of the activity	Records officer/Focal Person is conducting/attending different activities or is on official travel/business or on sick leave	Delayed review and approval of documents due to delayed preparation of documents	BAC Resolution on the timeline of submission of requirements in conducting an activity	4	4	2	32	M	NS	A	3	NA	NA	NA	NA
Review of Documents	Documents not reviewed on time	Authorized person to review is conducting/attending different activities or is on official travel/business or on sick leave	Activity not conducted on the prescribed date	Regional Order designation OIC	4	4	2	32	M	NS	A	4	NA	NA	NA	NA
Approval and signing of document	Delayed approval of the documents	Appropriate signatories is on official business/BAC meeting not conducted due to absence of quorum/BAC Chairperson on leave or in official business or sick leave	Activity not conducted on the prescribed	Regional Order designation OIC	4	4	2	32	M	NS	A	5	NA	NA	NA	NA





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PROCESS STEP (Based on the procedure's key process steps)	POTENTIAL RISK	RISK TRIGGER	CONSEQUENCE (Positive or Negative)	EXISTING RISK CONTROL MEASURE	RISK ASSESSMENT								RISK CONTROL PLAN			
					IMPACT	LIKELIHOOD	DETECTION	RATING	RISK LEVEL (L, M, H)	S, NS	RPN (Risk Priority No.)	RISK CONTROL ACTION	ACTION PLAN (if risk rating is significant)	RESPONSIBLE	TIMELINE	RESOURCE
Submission of Terminal Report	Terminal Report not submitted on the prescribe date	Focal Person is conducting/attending different activities or on official travel, business/or on Sick Leave		1. Assign additional personnel to documents the activity and preparation of report; 2. Request for additional staff to assist the FP	3	5	2	30	M	NS	A	2	NA	NA	NA	NA
Retention and Records	Lose track of records/ No reference	Focal Person is conducting/attending different activities or on official travel, business/or on Sick Leave	Lacking Records		3	5	2	30	M	NS	A	2	NA	NA	NA	NA
<b>RISK ASSESSMENT:</b>		<b>RISK RATING</b>	<b>RISK LEVEL</b>	<b>RISK DESCRIPTION</b>	<b>ACTION REQUIRED</b>							<b>RPN</b>				
IMPACT:		1-Insignificant; 2-Minor;	1 - 25	LOW	No further action required (Retain risk by informed decision)							3				
LIKELIHOOD:		1-Rare; 2-Unlikely; 3-	26-40	MODERATE	Alert level but no further action required for now							2				
DETECTION		1 - Very likely, 2 - Likely;	>40	HIGH	Control (e.g.. Treat/Mitigate Transfer, Terminate)							1				
<b>Risk Rating = Impact X Likelihood X Detection</b>																

Prepared by:	Reviewed by:	Recommending Approval:	Approved by:
 <b>IAN JON CLEMENTE</b> Process Owner	 <b>RILIMIN H. SANDOVAL</b> Deputy QMR	 <b>IAN JON CLEMENTE</b> Risk Review Committee Head	 <b>LAILYN A. DITE-CESE</b> Regional QMR
			 <b>REYNALDO M. BUNCUBUNG, CESO IV</b> Regional Director

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**PROVISION OF CAPABILITY DEVELOPMENT THROUGH TRAINING**  
**TRAINING PLAN**

Document Code		
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DIVISION/UNIT: \_\_\_\_\_  
FOR THE YEAR: \_\_\_\_\_

No.	Title	OPR	Budgetary Requirement, if any	TARGET PARTICIPANTS			Proposed Date	Remarks
				No. of Participants	Office	Position/ Designation		
1								
2								
3								
4								
5								

Prepared by:	Noted by:
Process Owner	Deputy Q,MR

Prepared by:	Reviewed by:	Approved by:
<b>IAN JON S. CLEMENTE</b> Process Owner	<b>RILIMIN H. SANDOVAL</b> Deputy QMR	<b>LAILYN A. ORTIZ, CESE</b> Regional QMR
		<b>REYNALDO M. BUNGUBUNG, CESO IV</b> Regional Director

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# PROVISION OF CAPABILITY DEVELOPMENT THROUGH TRAINING

## TRAINING

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DIVISION/UNIT: \_\_\_\_\_  
FOR THE YEAR: \_\_\_\_\_

No.	Title	OPR	Budgetary Requirement, if any	TARGET PARTICIPANTS			Proposed Date	Remarks
				No. of Participants	Office	Position/ Designation		
1								
2								
3								
4								
5								

Prepared by:	Noted by:
Process Owner	Deputy Q,MR

Prepared by:	Reviewed by:	Approved by:
 <b>IAN JON S. CLEMENTE</b> Process Owner	 <b>RILIMIN H. SANDOVAL</b> Deputy QMR	 <b>LAILYN A. ORTIZ, CESE</b> Regional QMR
		 <b>REYNALDO M. BUNGBUNG, CESO IV</b> Regional Director

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 PROVISION OF CAPDEV THROUGH TRAINING  
**TRAINING CHECKLIST**

Document Code		
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Name of Activity:  
 Date and Venue :  
 No. of Target Participants:

ACTIVITY	ASSIGNED PERSONNEL (Put NA if not applicable)	STATUS	REMARKS
<b>Preparation of Activity Design</b>			
1	Approval of Activity Design		
2	Preparation of Program of Activities		
<b>Procurement/Lease of Venue, as applicable</b>			
1	Memo to BAC Secretariat requesting for BAC Resolution		
2	Hotel Requirements ( RFQs)		
3	Written Notice from GSD/Procurement on the Winning "Hotels" venue		
<b>Preparation of Contract, as applicable</b>			
1	Drafting of Contract		
2	Letter for Legal Comments'		
3	Signing of Contract		
4	Submission of Contract to the COA		
<b>Preparation of Communications, as applicable</b>			
1	Invitation to the Participating LGUs		
2	Invitation of Resource Person		
3	Regional Order		
<b>Coordination Activities</b>			
1	Confirmation of Participants		
2	Confirmation of the Resource Person		
3	Hotel for Billeting and Food, Training Venue Setup		
4	Request for Vehicular Support Services (GSS)		

<b>IMPLEMENTATION OF THE TRAINING PROGRAM</b>			
<b>Pre-Implementation</b>			
<b>A. Training Team Meeting ( Tasking )</b>			
<b>B. Preparation of Travel Documents</b>			
1	Preparation of Travel Orders		
2	Purchasing of Tickets ( PMO/Bureau Personnel and RPs)		
<b>C.Preparation of Training Materials, as applicable</b>			
1	Program of Activities		
2	Pre Evaluation Form		
3	Participants Profile		







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 PROVISION OF CAPDEV THROUGH TRAINING  
**TRAINING CHECKLIST**

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Name of Activity:  
 Date and Venue :  
 No. of Target Participants:

	ACTIVITY	ASSIGNED PERSONNEL (Put NA if not applicable)	STATUS	REMARKS
4	Power point Presentation - Training Modules			
5	Post training Evaluation			
6	Attendance Sheets			
7	Registration sheets			
8	Name Tags			
9	Certificate of Participation			
10	Certificate of appearance			
11	Certificate of Appreciation			

**D. Reproduction of Training Documents**

1	Approved Training Design			
2	Resource Person's DTR			
3	Resource Person Training Materials			

**E. Requisition of Training Supplies and Materials**

Supplies				
1	Ball pen			
2	Kit ( Brown Envelope/Plastic Envelope)			
3	Whiteboard Marker/Pentel Pens			
4	Meta cards			
5	Masking Tape			
6	Notebook			
7	Folders			
8	Brown Paper			
9	IDs			
10	USB			
11	Bond paper			
12	Parchment paper			
13	Paper Clip			
14	Staple Wire			
15	Others (Specify)			
Equipment				
1	Laptop			
2	Camera			
3	Recorder			
4	Scissor			
5	Stapler			
6	Clicker			
7	Projector			
8	Printer			
9	Others (Specify)			





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 PROVISION OF CAPDEV THROUGH TRAINING  
**TRAINING CHECKLIST**

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Name of Activity:  
 Date and Venue :  
 No. of Target Participants:

ACTIVITY	ASSIGNED PERSONNEL (Put NA if not applicable)	STATUS	REMARKS
<b>Implementation/Conduct of training</b>			
<b>Pre Departure Meeting</b>			
1 Release Paper for the Training Materials			
<b>Conduct of Training</b>			
1 Hotel accomodation and Billeting			
2 Secretariat - Registration and Distribution of Training Kit/Materials			
3 Attendance Sheet/s			
4 Administer Pre Evaluation/Pax Profile			
5 Opening Program ( Opening Prayer & National Anthem)			
6 Facilitator ( Eneizer/Video Clips)			
7 Administer Pre-Evaluation, if any			
8 Hotel/Venue Post Evaluation			
9 Workshops, if any			
10 Collection of Workshop Outputs, if any			
11 Administer Post Evaluation			
12 Closing Program			
13 Awarding of Certificates			
14 Documentors Note			
<b>Hotel Billing Statement</b>			

<b>Post Implementation Training</b>			
<b>Preparation of Post Activity Report</b>			
<b>Summary of the Pre and Post Training</b>			
<b>Preparation of Liquidation /Reimbursement/Payment, as applicable</b>			
1 Food and Accommodation ( Hotel) Copy of Attendance Sheet			
a. Certified Attendance Sheets (AM and PM)			
b. Billing statement			
c. Copy of approved Activity Design			
2 Resource Person Fee			
3 Program of Activities			
4 CV			
5 DTR			
6 Travel Order			
7 Itinerary of Travel			
8 Certificate of Travel Completed			
9 Certification of Services Rendered			
10 Copy of Approved Activity Design			
11 Activity /Resource Person Activity Report			
12 Plane Tickets/Bus Tickets			
13 Boarding Pass/Terminal Fee			
14 Certificate of Appearance			

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PROVISION OF CAPDEV THROUGH TRAINING  
**TRAINING CHECKLIST**

Document Code		
<b>FM-QP-R12-ORD-35-03</b>		
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00	10.01.17	4 of 3

Prepared by:		Reviewed by:	Approved by:
 <b>IAN JONES CLEMENTE</b> Process Owner	 <b>RILIMIN H. SANDOVAL</b> Deputy QMR	 <b>LAILYN A. ORTIZ, CESE</b> Regional QMR	 <b>REYNALDO M. BUNGUBUNG, CESO IV</b> Regional Director



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DILG - REGION 12 (SOCCSKSARGEN)  
**PROVISION OF CAPACITY DEVELOPMENT THROUGH TRAINING**  
**POST TRAINING EVALUATION FORM**

Document Code		
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Your feedback is critical for the Facilitator to ensure we are meeting your needs and expectation. We would appreciate if you could take a few minutes to share your opinions with us so we can serve you better.

**Training/Activity:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name (Optional):** \_\_\_\_\_ **Office/LGU:** \_\_\_\_\_

Particulars	Excellent (5)	Very Good (4)	Good (3)	Fair (2)	Poor (1)
1. The content was as describe in theme and materials					
2. Topics/Session and Methods					
a) Sequencing of topic/sessions					
b) Usefulness of topics/sessions					
c) Relevance to present works or function					
d) Applicability to my job					
e) Suitability of exercises/activities					
f) Adequacy of time allotted for topics/sessions					
3. Subject Matter/Topics:					
a)					
b)					
4. Hand-outs/Materials/ other Illustrative Guide					
a) Adequacy of content of hand-outs					
b) Quality of printing and readability					
c) Effectiveness as aid to instruction					
d) Availability of training materials					
5. The program was well paced within the allotted time					
6. Resource Speaker/Facilitator					
a) Competency					
b) Preparedness					
c) Punctuality					
7. Secretariat					
a) Helpfulness					
b) Courteousness					
c) Punctuality					
8. Please rate the following					
a) Visual					
b) Delivery and Presentation					
c) Activities					
d) The Program Over-all					
	<b>Too short</b>	<b>Right length</b>	<b>Too long</b>		
9. Given the topic, was this workshop					

What did you most appreciate/enjoy/think was best about the seminar/training/workshop? Any suggestions for improvement?

\_\_\_\_\_

**Thank you!**

**Please return this form to the secretariat at the end of the workshop. Thank you**

DILG XII QMS



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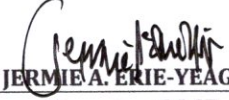


Region XII, imbued with integrity, competence and professionalism, and Living Up to a Peaceful, Accountable, and Dynamic working environment, commits to deliver quality services through oversight function, capacity development intervention, and incentives and rewards to local government units.

We uphold customer satisfaction and continual improvement of our Quality Management System's effectiveness, compliant to applicable laws, rules and regulations, and international standards, for a highly Developed, Orderly, Self-Reliant, Environment-friendly and Globally Competitive SOCCSKSARGEN. (LUPADDOSE).



DILG - REGION 12 (SOCCSKSARGEN)  
**PROVISION OF CAPACITY DEVELOPMENT THROUGH  
 TRAINING  
 POST TRAINING EVALUATION FORM**

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DILG XII QMS



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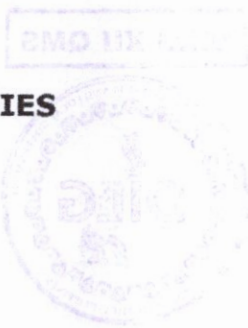
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Republic of the Philippines  
**DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT**  
**REGION XII**

"Matino, Mahusay at Maaasahan"  
 Prime Regional Government Center, Carpenter Hill, Koronadal City, 9506  
 Tel/Fax Nos.: (083)228-6660 • (083)228-1421 • Email: dilg\_ro12@yahoo.com • Website: region12.dilg.gov.ph  
 ADMIN (083) 228-7960 • FINANCE (083) 228-7959 • LGMED (083) 877-2969 • LGCDD (083)877 2971

**<ACTIVITY TITLE>**  
**Activity Design**

- I. BACKGROUND AND RATIONALE**
- II. OBJECTIVE/S**
- III. TARGET PARTICIPANTS/LGUs**
- IV. IMPLEMENTATION STRATEGIES**
- V. METHODOLOGIES**
- VI. VENUE AND DATE OF IMPLEMENTATION**
- VII. EXPECTED OUTPUT/S**
- VIII. MONITORING AND EVALUATION**
- IX. BUDGETARY REQUIREMENTS**
- X. ANNEXES**



DILG XII QMS

RO/PO) Training Design No. (YEAR) \_\_\_\_\_ - (SERIES)



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DILG XII QMS

/PO) Training Design No. (YEAR) \_\_\_\_\_ - (SERIES)



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