



DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT  
**SYSTEM PROCEDURE**

Document Code		
<b>SP-DILG-08</b>		
Rev. No.	Eff. Date	Page
04	01.01.24	1 of 5

<b>08</b>	<b>PROCESS PERFORMANCE MONITORING AND MEASUREMENT</b>
-----------	---

**Scope:**

This procedure covers the activities from monitoring relevant process parameters to summarizing monthly results and initiating needed corrections and corrective actions for unmet objectives, where applicable.

**Description of Service:**

To define the process for the periodic monitoring, measurement and reporting of process performance against specified quality objectives or planned results of each process.

No.	Process/Steps	Activity Details	Person-In-Charge/ Position/ Unit/ Division	References/ Interfaces
1	Implement the process	<ul style="list-style-type: none"><li>Implement the process as per documented procedures.</li></ul>	Process Owner	<ul style="list-style-type: none"><li>Quality Procedure (QP) of the process</li></ul>
2	Record progress of transaction or process implementation	<ul style="list-style-type: none"><li>Record the actual progress of the transaction or actual data of process implementation to monitor the process performance based on the committed quality objectives in the respective process performance monitoring tool, if any.</li><li>For voluminous transactions, summarize the process performance data in the Process Summary Log Sheet (PSL) to get the consolidated results for the period being reported, duly noted by the concerned Deputy QMR.</li></ul>	Process Owner	<ul style="list-style-type: none"><li>Respective monitoring tool per process</li></ul>
3	Report the process performance results	<ul style="list-style-type: none"><li>Report the process performance results for the period using the Quality Monitoring and Evaluation (QME) form, print and submit for review by the concerned Division Chief/OIC/</li></ul>	Process Owners	<ul style="list-style-type: none"><li>Quality Monitoring and Evaluation (QME)</li></ul>



DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT  
**SYSTEM PROCEDURE**

Document Code		
<b>SP-DILG-08</b>		
Rev. No.	Eff. Date	Page
04	01.01.24	2 of 5

No.	Process/Steps	Activity Details	Person-In-Charge/ Position/ Unit/ Division	References/ Interfaces
		<p>Regional Deputy QMR and noted by the Bureau/Service/Regional Deputy QMR or OIC.</p> <ul style="list-style-type: none"> <li><b>For ROs Process Owners:</b> Submit the QME Reports with PSL and Client Satisfaction Report (<i>for stand-alone processes</i>) or other supporting documents to the Regional QMS Secretariat on or before the <b>10th working day</b> of the ensuing month of the current period. <i>Include in the RO-QME the PO-QMEs being submitted by the provincial offices, if applicable.</i></li> <li><b>For POs Process Owners:</b> Submit the QME Reports with PSL and Client Satisfaction Report (if applicable) or other supporting documents to the Regional Process Owner on or before the <b>8th working day</b> of the ensuing month of the current period. <i>Include in the PO-QME the PSLs being submitted by the field offices, if applicable.</i></li> <li>If the process is being implemented in the <b>Field Office</b>, the designated FO process owners shall record the performance using the PSL Form. Submit the PSL and other reports (i.e. CSS Data Sheet/Client Satisfaction Report or other supporting documents), if applicable, to the Provincial Office Process Owner on or before the <b>5th working day</b> of the ensuing month of the current period.</li> <li><b>Regional QMS Secretariat</b> - Consolidate the QME Reports and ensure the recording of data using the QMS Process Summary Log Sheet (QMS-PSL) and summarize data using the Regional Quality Monitoring and</li> </ul>	<p>RO Process Owners</p> <p>PO Process Owners</p> <p>FO Process Owners</p> <p>Regional QMS Secretariat</p>	<ul style="list-style-type: none"> <li>Process Summary Log Sheet, if applicable</li> <li>Accomplished CSS Form, if applicable</li> <li>CSS Data Sheet, if applicable</li> <li>Client Satisfaction Report, if applicable</li> <li>Other supporting documents</li> <li>Regional Quality Monitoring and Evaluation (RMQE)</li> </ul>





DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT  
**SYSTEM PROCEDURE**

Document Code		
<b>SP-DILG-08</b>		
Rev. No.	Eff. Date	Page
04	01.01.24	3 of 5

No.	Process/Steps	Activity Details	Person-In-Charge/ Position/ Unit/ Division	References/ Interfaces
		<p>Evaluation (RQME) Form. Submit to the Central QMS Secretariat upon review and signature of the Regional QMR and noted by the Regional Director on or before the <b>15th working day</b> of the ensuing month of the current period. <i>Consolidated Client Satisfaction Report (CCSR)</i> should also be one of the attachments of the office-level performance report being submitted.</p> <p><b>Note:</b> Approval and submission of CCSR should be facilitated by the designated Streamlining Focal Person.</p> <ul style="list-style-type: none"><li>• <b>For CO Process Owners:</b> Submit the QME Reports with PSL (if applicable) or other supporting documents to the CO Focal Persons, on or before the <b>10th working day</b> of the ensuing month of the current period.</li><li>• <b>CO QMS Focal Persons:</b> Consolidate the QME Reports using the Consolidated QME form, attach the individual QME Reports from Process Owners and submit to the Central QMS Secretariat upon review and signature of the designated Assistant QMR (Services)/Assistant Director (Bureau Assistant QMR), and noted by the Bureau/Service Deputy QMR on or before the <b>15th working day</b> of the ensuing month of the current period. <i>Consolidated Client Satisfaction Report (CCSR)</i></li></ul>	<p>Streamlining Focal Person</p> <p>CO Process Owners</p> <p>CO QMS Focal Persons</p>	<ul style="list-style-type: none"><li>• QMS Process Summary Log Sheet (QMS-PSL)</li><li>• <i>Consolidated Client Satisfaction Report</i></li><li>• QME with PSL (if applicable, Accomplished CSS Form, CSS Data Sheet, Client Satisfaction Report or other supporting documents)</li><li>• Consolidated QME (CQME-OFFICE) with individual QME Reports from CO Process Owners</li><li>• <i>Consolidated Client Satisfaction Report</i></li></ul>



DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT  
**SYSTEM PROCEDURE**

Document Code		
<b>SP-DILG-08</b>		
Rev. No.	Eff. Date	Page
04	01.01.24	4 of 5

No.	Process/Steps	Activity Details	Person-In-Charge/ Position/ Unit/ Division	References/ Interfaces
		<p><i>should also be one of the attachments of the office-level performance report being submitted.</i></p> <p><b>Note:</b> Approval and submission of CCSR should be facilitated by the designated Streamlining Focal Person.</p> <ul style="list-style-type: none"> <li>Communicate within the Office the process performance results.</li> <li>Analyze the trends of performance, annually, using the <b>QMS Performance Analysis Report (QPAR) template</b> and submit to the CO QMS Focal Persons/Regional QMS Secretariat, <b>15<sup>th</sup> working day of January, every year.</b></li> </ul>	<p><i>Streamlining Focal Person</i></p> <p>Process Owners (All Levels) Process Owners</p> <p>(CO, RO and PO Process Owners)</p>	<ul style="list-style-type: none"> <li>QME, PSL and other supporting documents (Minutes of the Meeting/ Memo/Bulletin Posting)</li> <li>QMS Performance Analysis Report (QPAR)</li> </ul>
4	Issue CAR to the concerned Office if there is/are unmet target/s and initiate correction and corrective action	<ul style="list-style-type: none"> <li><b>CO QMS Focal Persons or Regional QMS Secretariat:</b> Prepare/issue Corrective Action Report (CAR) to concerned Office/Process Owners that did not meet the quality objectives/planned results, duly signed by the Bureau/Service/Deputy QMR (for Central Office) or by Regional QMR (Assistant Regional Director) within 3 working days upon receipt of the QME report.</li> <li><b>Concerned Office/Process Owners:</b> Plan appropriate corrections and corrective actions to address the unmet planned results in accordance with the System Procedure on Nonconformity and Corrective Action.</li> </ul>	<p>CO QMS Focal Persons or Regional QMS Secretariat; Bureau/Service/Deputy QMR or Regional QMR</p> <p>Concerned Office/Process Owners</p>	<ul style="list-style-type: none"> <li>Corrective Action Report (CAR)</li> <li>System Procedure on Nonconformity and Corrective Action</li> </ul>
5	Validate and Consolidate QME Report	<ul style="list-style-type: none"> <li>Monitor the submission of the Consolidated QME Reports. Review results based on available information submitted.</li> </ul>	Central QMS Secretariat	<ul style="list-style-type: none"> <li><b>ROs QMS Secretariat:</b> QMS-PSL and RQME</li> </ul>





DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT  
**SYSTEM PROCEDURE**

Document Code		
<b>SP-DILG-08</b>		
Rev. No.	Eff. Date	Page
04	01.01.24	5 of 5

No.	Process/Steps	Activity Details	Person-In-Charge/ Position/ Unit/ Division	References/ Interfaces
		<ul style="list-style-type: none"> <li>Prepare Feedback Form for the C/RQME and Consolidated QME Reports submitted by the Central QMS Focal person/Regional QMS Secretariat.</li> <li>Record the QME Results in the Summary of Consolidated QME and evaluate performance against top management objectives.</li> <li>Submit DILG-QMS-QME report with attached Summary of Consolidated QME and QMS Process Summary Log Sheets (QMS-PSLs) to the Overall Deputy QMR on or before the 20<sup>th</sup> working day of the ensuing month of the current period.</li> </ul>		<ul style="list-style-type: none"> <li><b>CO Focal Persons:</b> Consolidated QME</li> <li>Review Feedback Form</li> <li>DILG-QMS-QME with Summary of Consolidated QME and QMS Process Summary Log Sheet</li> </ul>
6	Retain records	<ul style="list-style-type: none"> <li>Retain records in accordance with the Control of Retained Documented Information Procedure and Master List of Retained Documented Information.</li> </ul>	Process Owner, QMS Secretariat	<ul style="list-style-type: none"> <li>Control of Retained Documented Information Procedure</li> <li>Master List of Retained Documented Information</li> </ul>
<b>End of Transaction</b>				

Prepared By:	Reviewed By:	Approved By:
(sgd.) <b>ROMAR B. PANGANIBAN</b>	(sgd.) <b>ASEC. ESTER A. ALDANA, CESO II</b>	(sgd.) <b>ATTY. LORD A. VILLANUEVA</b>
<b>Central QMS Secretariat Head</b>	<b>Overall Deputy Quality Management Representative</b>	<b>Quality Management Representative</b>



# **QUALITY MONITORING AND EVALUATION (QME)**

Document Code		
<b>DILG-QME-QMS</b>		
Rev. No.	Eff. Date	Page
01	04.01.23	1 of 4

<b>OFFICE</b>	<b>DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT (ALL OFFICES)</b>
<b>PROCEDURE TITLE</b>	<b>PROCESS MONITORING AND MEASUREMENT</b>
<b>OBJECTIVE STATEMENT</b>	<ol style="list-style-type: none"> <li>60% of assisted Local Government Unit (LGUs) are implementing relevant policies, plans, programs/ projects and/or systems on various governance projects;</li> <li>100% of LGUs provided with capacity-building/TA services on various governance areas;</li> <li>5% of LGUs consistently receive awards/incentives for good local governance;</li> <li>10% of LGUs passed the criteria for good governance;</li> <li>100% of SGLG passers or PCF qualifiers provided with recognition or incentives in accordance to set timelines;</li> <li>100% of LGUs assessed on good local governance;</li> <li>80% of QMS quality objectives are achieved;</li> <li>80% <i>overall Client Satisfaction Score</i>;</li> <li>Consistent eligibility for Performance-Based Bonus (PBB)</li> </ol>
<b>CURRENT PERIOD</b>	<p><small>This document is UNCLASSIFIED when DOWNELOADED and/or PRINTED.</small></p> <p><small>Always refer to the Documented Information Management System for the Controlled Copy</small></p>

INDICATORS		Year	Year	Year	TOTAL
<b>Objective 1:</b> 60% of assisted Local Government Unit (LGUs) are implementing relevant policies, plans, programs/ projects and/or systems on various governance projects.					
<b>A</b>	Total number of assisted PCMs implementing undertakings expected from them				
<b>B</b>	Total number of PCMs excluding BARMM				
<b>C</b>	Formula: $\frac{A}{B} \times 100$	Target Result: 60%			
<b>D</b>	Gap Analysis: (In case the objective is not met, put your analysis why it is not met)				

**QUALITY MONITORING  
AND EVALUATION (QME)**

INDICATORS		Year	Year	Year	TOTAL
Objective 2: 100% of LGUs provided with capacity-building/TA services on various governance areas.					
A	Total number of PCMs capacitated provided with pertinent capacity building or TA Services on various governance areas				
B	Total number of PCMs excluding BARMM				
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)				
Objective 3: 5% of LGUs consistently receive awards/incentives for good local governance.					
A	Total number of PCMs that are consistently SGLG passers from the prior year to the current year				
B	Total number of SGLG Passers from prior year				
C	Formula: $\frac{A}{B} \times 100$	Target Result: 5%			
D	Gap Analysis: (In case the objective is not met, put your analysis why it is not met)				
Objective 4: 10% of LGUs passed the criteria for good governance.					
A	Total number of PCMs that passed the criteria for good governance				
B	Total number of PCMs				
C	Formula: $\frac{A}{B} \times 100$	Target Result: 10%			
D	Gap Analysis: (In case the objective is not met, put your analysis why it is not met)				

This document is UNCONTROLLED when DOWNLOADED and/or PRINTED.  
Always refer to the Documented Information Management System for the Controlled Copy



**QUALITY MONITORING  
AND EVALUATION (QME)**

INDICATORS				Year		Year		Year		TOTAL						
Objective 5: 100% of SGLG passers or PCF qualifiers provided with recognition or incentives in accordance to set timelines.																
A	SGLG passers or PCF qualifiers provided with PCF in accordance to set timelines															
B	Total number of SGLG passers or PCF qualifiers															
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)															
Objective 6: 100% of LGUs assessed on good local governance																
A	Total number of PCMs assessed in local governance															
B	Total number of PCMs															
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)															
INDICATORS				Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Objective 7: 80% of QMS quality objectives are achieved.																
A	Total number of Quality Objectives met															
B	Total number of Quality Objectives for the month															
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)															

This document is UNCONTROLLED when DOWNLOADED and/or PRINTED.

Always refer to the Documented Information Management System for the Controlled Copy



**QUALITY MONITORING  
AND EVALUATION (QME)**

INDICATORS			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Objective 8: 80% overall Client Satisfaction Score.															
A	Total of responses with rating of "Agree" or "Strongly Agree" in all Service Quality Dimensions (SQDs)														
B	Total number of responses 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)														
INDICATORS			Year				Year				Year				
Objective 9: Consistent eligibility for Performance-Based Bonus (PBB).															
A	PBB Eligible Status	Target: Eligible	Always refer to the Documented Information Management System for the Controlled Copy												
B	Gap Analysis: (In case the objective is not met, put your analysis why it is not met)														

(sgd.)

**ATTY. BENJAMIN C. ABALOS, JR.**

Secretary



DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT

**QUALITY MONITORING  
AND EVALUATION (QME)**

Document Code		
QME-QP-Code		
Rev. No.	Eff. Date	Page
00	06.15.21	1 of 1

OFFICE:															
PROCEDURE TITLE:															
OBJECTIVE STATEMENT:															
CURRENT PERIOD:															
INDICATORS	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8	Period 9	Period 10	Period 11	Period nth	TOTAL/AVERAGE RATING/REMARKS		
Objective 1:															
A															
B															
C	Formula:	Target Results:													
D	Gap Analysis (In case the objective is not met, put your analysis why it is not met)														
Objective 2:															
A															
X															
X	Formula:	Target Results:													
X	Gap Analysis (In case the objective is not met, put your analysis why it is not met)														
Objective 3:															
A															
X															
X	Formula:	Target Results:													
X	Gap Analysis (In case the objective is not met, put your analysis why it is not met)														

Prepared By
{ Name Here }
{ Position Title Here }

Reviewed By
{ Name Here }
{ Position Title Here }

Noted By
{ Name Here }
{ Position Title Here }

Prepared By
(sgd.)
ROMAR B. PANGANIBAN
QMS Secretariat Head

Reviewed By
(sgd.)
ASEC. ESTER A. ALDANA, CESO II
Overall Deputy Quality Management Representative

Approved By
(sgd.)
USEC. EPIMACO V. DENJING III
Quality Management Representative





DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT  
**CONSOLIDATED QUALITY MONITORING AND EVALUATION (CQME)**

Document Code		
CQME-OFFICE		
Rev. No.	Eff. Date	Page
02	01.01.24	1 of 1

OFFICE:	
NO. OF PROCESSES:	
CURRENT PERIOD:	

NO.	QUALITY OBJECTIVE	TARGET RESULT	FREQUENCY OF MONITORING	DATE RECEIVED	REPORTED PERFORMANCE												TOTAL/ RATING	GAP ANALYSIS <i>(for performance with unmet targets)</i>	REMARKS
					JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER			
QP-DILG-XX-XX (Quality Procedure Title)																			
1	Objective 1:				(Data)														
					(Rating)														
2	Objective 2:																		
3	Objective nth:																		
QP-DILG-XX-XX (Quality Procedure Title)																			
4	Objective 1:																		
5	Objective 2:																		
6	Objective nth:																		
QP-DILG-XX-XX (Quality Procedure Title)																			
7	Objective 1:																		
8	Objective 2:																		
9	Objective nth:																		
TOTAL NUMBER OF QUALITY OBJECTIVES MET					:														
TOTAL NUMBER OF QUALITY OBJECTIVES FOR THE MONTH					:														
RATING																			

Prepared By
{ Name Here }
Bureau/Service QMS Focal Person

Noted By
{ Name Here }
Bureau/Service Deputy QMR

Prepared By
(sgd.) ROMAR B. PANGANIBAN
Central QMS Secretariat

Prepared By
(sgd.) ASEC. ESTER A. ALDANA, CESO II
Overall Deputy Quality Management Representative

Prepared By
(sgd.) ATTY. LORD A. VILLANUEVA
Quality Management Representative



OFFICE:	
PROCEDURE TITLE:	
CURRENT PERIOD:	

NO.	OFFICE	DATE RECEIVED	TOP MANAGEMENT OBJECTIVES						GAP ANALYSIS (for performance with unmet targets)	REMARKS
			OBJECTIVE: ____			OBJECTIVE: ____				
			Indicator A : _____	Indicator B : _____	RATING	Indicator A : _____	Indicator B : _____	RATING		
1	CENTRAL OFFICE									
2	NCR									
3	CAR									
4	REGION I									
5	REGION II									
6	REGION III									
7	REGION IV-A									
8	MIMAROPA									
9	REGION V	This document is UNCONTROLLED when DOWNLOADED and/or PRINTED. Always refer to the Documented Information Management System for the Controlled Copy								
10	REGION VI									
11	REGION VII									
12	REGION VIII									
13	REGION IX									
14	REGION X									
15	REGION XI									
16	REGION XII									
17	REGION XIII									
TOTAL					%			%		

Prepared By
{ Name Here }
Central QMS Secretariat Member

Approved By
{ Name Here }
Central QMS Secretariat Head

Prepared By
(sgd.) ROMAR B. PANGANIBAN
Central QMS Secretariat

Reviewed By
(sgd.) ASEC. ESTER A. ALDANA, CESO II
Overall Deputy Quality Management Representative

Approved By
(sgd.) ATTY. LORD A. VILLANUEVA
Quality Management Representative





DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT  
**CENTRAL OFFICE - CONSOLIDATED QUALITY MONITORING AND EVALUATION (CO-CQME)**

Document Code		
<b>CO-CQME</b>		
Rev. No.	Eff. Date	Page
01	01.01.24	1 of 1

OFFICE:	
PROCEDURE TITLE:	
CURRENT PERIOD:	

NO.	OFFICE	DATE RECEIVED	REPORTED PERFORMANCE												TOTAL/ RATING	GAP ANALYSIS <i>(for performance with unmet targets)</i>	REMARKS
			JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER			
1	ADMINISTRATIVE SERVICE (AS)		{Data}														
			{Rating}														
2	INFORMATION SYSTEMS AND TECHNOLOGY MANAGEMENT SERVICE (ISTMS)																
3	FINANCIAL AND MANAGEMENT SERVICE (FMS)																
4	INTERNAL AUDIT SERVICE (IAS)																
5	LEGAL AND LEGISLATIVE LIAISON SERVICE (LLS)																
6	PLANNING SERVICE (PS)																
7	PUBLIC AFFAIRS AND COMMUNICATION SERVICE (PACS)																
8	BUREAU OF LOCAL GOVERNMENT DEVELOPMENT (BLGD)																
9	BUREAU OF LOCAL GOVERNMENT SUPERVISION (BLGS)																
10	OFFICE OF PROJECT DEVELOPMENT SERVICES (OPDS)																
11	NATIONAL BARANGAY OPERATIONS OFFICE (NBOO)																
TOTAL NUMBER OF QUALITY OBJECTIVES MET		:															
TOTAL NUMBER OF QUALITY OBJECTIVES FOR THE MONTH		:															
RATING																	

Prepared By
{ Name Here }
Central QMS Secretariat Member

Noted By
{ Name Here }
Central QMS Secretariat Head

Prepared By
(sgd.) ROMAR B. PANGANIBAN
Central QMS Secretariat

Prepared By
(sgd.) ASEC. ESTER A. ALDANA, CESO II
Overall Deputy Quality Management Representative

Prepared By
(sgd.) ATTY. LORD A. VILLANUEVA
Quality Management Representative



DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT  
**REGIONAL QUALITY MONITORING AND EVALUATION (RQME)**

Document Code		
<b>RQME-OFFICE</b>		
Rev. No.	Eff. Date	Page
02	01.01.24	1 of 1

OFFICE:	
PROCEDURE TITLE:	<i>Process Performance Monitoring and Measurement (SP-DILG-08)</i>
NO. OF PROCESSES:	
CURRENT PERIOD:	

NO.	MONTH	TOP MANAGEMENT OBJECTIVES						GAP ANALYSIS (for performance with unmet targets)	REMARKS
		OBJECTIVE: _____			OBJECTIVE: _____				
		Indicator A : _____	Indicator B : _____	RATING	Indicator A : _____	Indicator B : _____	RATING		
1	JANUARY								
2	FEBRUARY								
3	MARCH								
4	APRIL								
5	MAY								
6	JUNE								
7	JULY	This document is UNCONTROLLED when DOWNLOADED and/or PRINTED. Always refer to the Documented Information Management System for the Controlled Copy							
8	AUGUST								
9	SEPTEMBER								
10	OCTOBER								
11	NOVEMBER								
12	DECEMBER								
TOTAL									

This document is UNCONTROLLED when DOWNLOADED and/or PRINTED.  
Always refer to the Documented Information Management System for the Controlled Copy

Prepared By	Reviewed By	Approved By
{NAME HERE}	{NAME HERE}	{NAME HERE}
Regional QMS Secretariat Head	Regional Deputy Quality Management Representative	Regional Director

Prepared By	Reviewed By	Approved By
(sgd.) ROMAR B. PANGANIBAN	(sgd.) ASEC. ESTER A. ALDANA, CESO II	(sgd.) ATTY. LORD A. VILLANUEVA
Central QMS Secretariat	Overall Deputy Quality Management Representative	Quality Management Representative





DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT

**NAME OF PROCESS****PROCESS SUMMARY LOG SHEET (PSL)**

Document Code		
FM-QPCode		
Rev. No.	Eff. Date	Page
00	06.15.21	1 of

QUALITY OBJECTIVE:  
FREQUENCY OF MONITORING:  
COVERED PERIOD:

No.	Data Field A	Data Field B	Data Field C	Data Field X	Objective Results			Remarks
					Met	Unmet	Remarks, if unmet	
A	B	C	D	E	F	G	H	I
1								
2								
3								
4								
5								
nth								
Total					0	0	0	
Result								

Prepared By
NAME
Position Title

This document is UNCONTROLLED when DOWNLOADED and/or PRINTED.  
Always refer to the Documented Information Management System for the Controlled Copy

Noted By
NAME
Division Chief/Immediate Supervisor

Prepared By
ROMAR B. PANGANIBAN
QMS Secretariat Head

Reviewed By
ASEC. ESTER A. ALDANA, CESO II
Overall Deputy Quality Management Representative

Approved By
USEC. EPIMACO V. DENISING III
Quality Management Representative



DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT

## QMS PROCESS SUMMARY LOG SHEET (QMS-PSL)

Document Code		
FM-SP-DILG-08-01		
Rev. No.	Eff. Date	Page
00	06.15.21	1 of 1

TOP MANAGEMENT QUALITY OBJECTIVES:

FREQUENCY OF MONITORING:

COVERED PERIOD:

Due Date of Submission:

QP Code	Procedure Title	No. of QOs	Quality Objective	Timeliness			Target	RESULTS							Frequency of Reporting	Objective on Client Satisfaction (Yes=1, No=0)	Gap Analysis (In case the objective is unmet)	Review Observations		
				Date Received	≤ DDS	> DDS		Data			Actual Performance	Put 1 if:								
								1st	2nd	3rd, as applicable		Met	Unmet	NSY					NA	NPY
1		1																		
		2																		
		3																		
2		4																		
		5																		
		6																		
nth		7																		
		8																		
		nth																		
TOTAL																				
RESULT = MET/( TQOs - NA - NPY - NSY)																				

This document is UNCONTROLLED when DOWNLOADED and/or PRINTED.  
Always refer to the Documented Information Management System for the Controlled Copy

\* NPY - No Performance Yet; NSY - No Submission Yet; NA - Not Applicable; TQOs - Total Quality Objectives; DDS - Due Date of Submission

Prepared By
{ Name Here }
QMS Secretariat Member

Noted By
{ Name Here }
QMS Secretariat Head

Prepared By
ROMAR B. PANGANIBAN
QMS Secretariat Head

Reviewed By
ASEC. ESTER A. ALDANA, CESO II
Overall Deputy Quality Management Representative

Approved By
USEC. EPIMACO V. DENSING III
Quality Management Representative





DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT

**QMS PERFORMANCE  
ANALYSIS REPORT (QPAR)**

Document Code

**FM-SP-DILG-08-02**


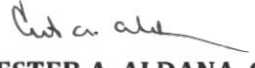

Rev. No.	Eff. Date	Page
01	05.05.23	1 of __

OFFICE:		DATE PREPARED	
PROCEDURE TITLE:		QP CODE:	
YEAR COVERED:			

**PART I: GRAPHICAL PRESENTATION (BAR GRAPH)****PART II: INTERPRETATION OF DATA AND OVERALL ANALYSIS**

This document is UNCONTROLLED when DOWNLOADED and/or PRINTED.  
Always refer to the Documented Information Management System for the Controlled Copy

Prepared By:	Reviewed By:	Approved By:
Name:	Name:	Name:
Date:	Date:	Date:
Position Title:	Position Title:	Position Title:

Prepared By:	Reviewed By:	Approved By:
 <b>ROMAR B. PANGANIBAN</b>	 <b>ASEC. ESTER A. ALDANA, CESO II</b>	 <b>ATTY. LORD A. VILLANUEVA</b>
QMS Secretariat Head	Overall Deputy Quality Management Representative	Quality Management Representative



DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT


# MASTER LIST OF MAINTAINED INTERNAL DOCUMENTED INFORMATION

Document Code		
FM-SP-DILG-01A-02		
Rev. No.	Eff. Date	Page
00	06.15.21	1 of 1

Name of Bureau/Service/Office/Procedure: DILG OFFICES

DOCUMENT CODE	DOCUMENT TITLE	REVISION					
		00	01	02	03	04	05
SYSTEM PROCEDURE							
SP-DILG-08	Process Performance Monitoring and Measurement	06.15.21	09.01.21	03.01.23	05.05.23	01.01.24	
DILG-QME-QMS	Organizational-Objectives	06.15.21	04.01.23				
QME-QP-Code	Process Quality Monitoring and Evaluation	06.15.21					
QME-QMS	Quality Monitoring and Evaluation DILG QMS (DELETED)	06.15.21					
CQME-OFFICE	Consolidated Quality Monitoring and Evaluation (CQME)	06.15.21	09.01.21	01.01.24			
DILG-SCQME	Summary of Consolidated Quality Monitoring and Evaluation (SCQME)	06.15.21	09.01.21	03.01.23	01.01.24		
CO-CQME	Central Office Consolidated Quality Monitoring and Evaluation (CO-CQME)	09.01.21	01.01.24				
RQME-OFFICE	Regional Quality Quality Monitoring and Evaluation (RQME)	09.01.21	03.01.23	01.01.24			
FM-QPCode	Process Summary Log sheet (PSL)	06.15.21					
FM-SP-DILG-08-01	QMS Process Summary Log sheet (QMS-PSL)	06.15.21					
FM-SP-DILG-08-02	QMS Performance Analysis Report (QPAR)	06.15.21	05.05.23				


Prepared By



ROMAR B. PANGANIBAN

Central Document Controller

Noted By



ASEC. ESTER A. ALDANA, CESO II

Overall Deputy QMR