

SOCIAL HOUSING FINANCE CORPORATION (SHFC)
Validation Result of 2021 Performance Scorecard

Component					Target	Submission ¹		GCG Validation		Supporting Documents	GCG Remarks
Objective/Measure	Formula	Weight	Rating System	2021	Actual	Rating	Score	Rating			
SOCIAL IMPACT	SO 1	Improve the Quality of Life of the Informal Settler Families									
	SM 1	Increase Number of ISFs Provided with Housing Finance Assistance	Actual Accomplishment	35%	(Actual/Target) x Weight	60,000	14,693	8.57%	14,693	8.57%	<p>Community Mortgage Program (CMP) Projects:</p> <p>a. Breakdown of CMP Taken-out Projects (January - December 2021)</p> <p>b. House Construction - Billing Statements</p> <p>c. Lot Acquisition - Checks, Disbursement Vouchers, Budget Utilization Request, Check Release Form for Take Out</p> <p>d. Site Development - Checks, Disbursement Vouchers, Budget Utilization Request, Official Receipts</p> <p>High Density Housing (HDH) Projects:</p> <p>a. Breakdown of High-Density Housing (January - December 2021)</p> <p>b. Phase 1: Sample Disbursement Voucher</p> <p>c. Phase 2 and 3: Checks, Disbursement Vouchers, Budget Utilization Request</p> <p>Marawi Projects:</p>

¹ The rating is based on the submission of SHFC.

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										a. Breakdown of Marawi Shelter Project (January - December 2021) b. Checks, Disbursement Vouchers, Budget Utilization Request Intramuros Projects: a. Breakdown of Intramuros Projects (January - December 2021) b. Checks, Disbursement Vouchers, Budget Utilization Request DOTr Projects: a. Breakdown of DOTr Project (January - December 2021) b. Checks, Disbursement Vouchers, Budget Utilization Request		
	Subtotal			35%				8.57%	8.57%			
STAKEHOLDERS	SO 2	Ensure Customer Satisfaction through the Provision of Quality Service										
	SM 2a	Percentage of Satisfied Customers (Pre-Takeout)	Number of stakeholders who gave a rating of at least satisfactory / Total number of respondents	5%	(Actual / Target) x Weight If less than 80% = 0%	90%	85.1% of the respondents gave SHFC either a "very satisfied" or "satisfied" rating	4.73%	Result Not Acceptable	0%	a. CSS Final Report b. Database of Responses of Respondents for Back-checking and spot-checking c. Database of Respondents for Back-checking and spot-checking d. SHFC CSS 2021 Back-checking report e. SHFC CSS 2021 Data Quality Control f. Certification from People Dynamics, Inc. g. Pre-Test Report	The request to consider the scope of the respondents in the CSS is DENIED . SHFC was duly informed of the CSS guidelines. More so, SHFC has not submitted any request for clarifications on the period covered in the
	SM 2b	Percentage of Satisfied Customers (Post-Takeout)	Number of stakeholders who gave a	5%	(Actual / Target) x Weight	90%	92.2% of the respondents	5.00%	Result Not Acceptable	0%		

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		rating of at least satisfactory / Total number of respondents		If less than 80% = 0%		gave either a "very satisfied" or "satisfied" rating				<ul style="list-style-type: none"> h. Training Report i. Training Manual j. Observation and Clearing/Debriefing Report k. Fieldwork Progress, Supervision, and Spot-checking Report l. Back-checking report m. Data Quality Control Report 	survey before its implementation. Consistent with the previous year's validation, the Governance Commission noted that the period to which respondents were asked to evaluate the services of the SHFC covered 2020 instead of 2021.
	Subtotal		10%				9.73%		0%		
FINANCE	SO 3	Enhance Financial Viability									
	SM 3	Improve Collection Efficiency Rate	Cumulative Collection / Cumulative Billing (Current and Delinquent Accounts Only)	10%	(Actual / Target) x Weight	90% Collection Efficiency on Current and Delinquent Accounts	90.11% CER	10%	Unverifiable	0%	<ul style="list-style-type: none"> a. Collection Efficiency Report b. Ten (10) samples of billing statements (statement of account, abstract of collection, CMP remittance report, CMP Receipt)

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SM 4	Improve Status of Problematic Accounts	$\left[\frac{\text{Current Year's Number of Problematic Accounts} - \text{Prior Year's Number of Problematic Account}}{\text{Prior Year's Number of Problematic Accounts}} \right] \times 100\%$	10%	(Actual / Target) x Weight	10% Reduction of Problematic Accounts	3.09% reduction in problematic accounts	3.09%	3.09% reduction in problematic accounts	3.09%	<ul style="list-style-type: none"> a. Status of Problematic Accounts as of 31 December 2021 b. Quarterly status of problematic account CY 2021 c. System-generated report 	Target not met.
SM 5	Increase Gross Revenue	Total Revenues	5%	(Actual / Target) x Weight	₱787.48 Million	₱611.91 Million Gross Revenue	3.89%	₱619.71 Million Gross Revenue	3.93%	<ul style="list-style-type: none"> a. Gross Revenues as of 31 December 2021 b. 2021 Annual Audit Report c. Unaudited Financial Statements 	<p>Target not met.</p> <p>Moreover, SHFC's request for reconsideration to lower the target of this measure is DENIED. The purpose of the inclusion of this measure is to respond to the projected net loss of the corporation and boost SHFC's efforts in generating its revenues. The increase in gross revenues, as a measure, captures the overall efforts of the corporation in increasing its profit.</p>

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SM 6	Improve Budget Utilization Rate	Total Disbursement / Total GAA Allocation for SHFC Program	10%	All or Nothing	Not less than 90% but not more than 100% of the GAA Allocation for SHFC's Programs	No chargeable SARO and NCA to SHFC's CY 2021 GA	-	No reported accomplishment	0%	a. FY 2021 GAA Budget Utilization Report b. Annual Audit Report c. Corporate Operating Budget d. Gross Revenues as of 31 December 2021 e. Statement of Appropriations, Allotments, Obligations, Disbursements and Balances f. Unaudited Financial Statements	The request of SHFC to reconsider its reported accomplishment due to the circumstances raised is DENIED . It should be noted that the purpose of the target is to ensure that government offices are efficient in the use of resources.
Subtotal			35%				16.98%		7.02%		
INTERNAL PROCESS	SO 4	Integrate and Update Support Systems and Processes									
	SM 7	Percentage of Loan Applications Processed Within Prescribed Period	Number of Loan Applications Processed Within Prescribed Period ² / Total Number of Applications	5%	(Actual / Target) x Weight	100%	100% loan applications processed within prescribed time (55 out of 55 loan applications were processed within 20 days)	5%	Unverifiable	0%	a. Summary of transactions from January to December 2021 (Community Mortgage Program, High Density Housing Program, North-South Commuter Railway Extension Taken-Out Project/DOTr Projects, Marawi

² The prescribed period for the processing of loans should be consistent and in compliance with the Republic Act No. 11032, otherwise known as the Ease of Doing Business and Efficient Government Service Delivery Act of 2018.

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										Projects, Intramuros Project from January - December 2021) b. Database/Excel File	
SM 8	Enhance Support Systems for the Effective and Efficient Processes	Actual Accomplishment	5%	<p>100% Attainment of the ISSP Deliverables in the DICT - Approved ISSP 2018-2020 or ISSP 2022-2024 Approved by / Submitted to DICT = 2.5%</p> <p>100% Attainment of the ISSP Deliverables in the DICT- Approved ISSP 2018-2020 and ISSP 2022-2024 Approved by/ Submitted to DICT = 5%</p>	<p>100% Attainment of the ISSP Deliverables in the DICT- Approved 2018-2020</p> <p>ISSP 2022-2024 Approved by/Submitted to DICT</p>	<p>Three (3) out of the three (3) deliverables in the DICT- approved ISSP 2016-2020 were already implemented (Budget Management System, MIS-Report writer Tool, MIS-Dashboard)</p> <p>ISSP 2022-2024 Approved by the Board on November, and Submitted to DICT on December 2021</p>	5%	<p>100% Attainment of the ISSP Deliverables in the DICT- Approved 2018-2020</p> <p>ISSP 2022-2024 Approved by/Submitted to DICT</p>	5%	<p>For 100% Attainment of the ISSP Deliverables in the DICT- Approved 2018-2020:</p> <p>a. Information Communication Technology Division - Project Status Report on ZEUS Program (i.e. Budget Management System, MIS - Reportwriter Tool, MIS - Dashboard, ISSP 2022-2024)</p> <p>b. Screenshot of the Finance Management Information System (FMIS), Management Information System, Zeus Administration System</p> <p>c. User Acceptance and Release Notice for Budget Management System, Management Information System - ReportWriter Tool, Management Information System - Dashboard</p> <p>For ISSP 2022-2024 Approved by/Submitted to DICT:</p> <p>a. Board-Approved ISSP 2022-2024</p> <p>b. Notarized Secretary's Certificate for Board Resolution No. 958, s. 2021 Approval of the Information Systems Strategic Plan (ISSP) for CY 2022-2024</p> <p>c. Letter to DICT transmitting the SHFC ISSP 2022-2024 received by the DICT on 03 December 2021</p>	Acceptable

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	Subtotal		10%			10%		5%				
SO 5 Implement Quality Management Systems												
ORGANIZATION / LEARNING AND GROWTH	SM 9	Attain Quality Management Certification	Actual Accomplishment	5%	Pass ISO Surveillance Audit (Head Office and 1 Regional Office) or Attain ISO Certification for 2 Regional Branches = 2.5% Pass ISO Surveillance Audit (Head Office and 1 Regional Office) and Attain ISO Certification for 2 Regional Branches = 5%	Pass ISO Surveillance (Head Office and 1 Regional Office) ISO Certification for 2 Regional Branches	The Surveillance Audit for the Head Office and ISO 9001:2015 Certification Audit for the Regional Branch will be conducted in FY 2022.	0%	-	0%	a. Narrative on accomplishment of the measure b. Expression of Interest to Development Academy of the Philippines (DAP) c. Reply letter from DAP dated 17 March 2021 informing SHFC that other agencies have been prioritized to be the beneficiary agencies of the Program for 2021 d. Briefer on SHFC's Quality Management System Accomplishments and Proposed SHFC QMS Activities for 2022-2023	Target not met.
	SO 6 Elevate Personnel Competency											
	SM 10	Improvement of the Competency of the Organization	Competency Baseline 2021 - Competency Baseline 2020	5%	All or Nothing	Improvement in the Competency Baseline of the Organization	Competency Baseline increased by 2.01618% in 2021.	5%	Unverifiable	0%	a. Report on the Corporate Competency Level for 2021 b. Competency Evaluation Forms of the 80 Employees	Unverifiable. The CGO-A cannot determine the actual competency level of SHFC due to insufficient supporting documents.

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										c. Competency Assessment Report for 2020 and 2021-02 d. Excel file of the Computation of Competency Baseline for 2020 and 2021 e. List of Interventions Conducted f. Official Receipts and Disbursement Vouchers (payment to training providers)	
	Sub-total										
	Total										

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