

Republic of the Philippines  
**DEPARTMENT OF LABOR AND EMPLOYMENT**  
Regional Office No. IV-A  
**LAGUNA PROVINCIAL OFFICE**

**QUARTERLY PERFORMANCE REPORT ON COMPANY LEVEL**  
**FAMILY WELFARE PROGRAM**  
(Art. 134 Labor Code; D.O. No. 56-03)

Reporting Period: \_\_\_\_\_

**I. COMPANY PROFILE**

1. Name of company : \_\_\_\_\_
2. Company address : \_\_\_\_\_  
\_\_\_\_\_
3. Total workforce at the end of the reporting period : Male \_\_\_\_\_ Female \_\_\_\_\_
4. Type of Industry : \_\_\_\_\_
5. Contact Details : Tel No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_  
Email: \_\_\_\_\_  
Website: \_\_\_\_\_

**Does the company have a union?** ☐ Yes ☐ No ☐ Pending

Name of Union	Affiliation (if any)	Percentage of membership against total number of work force
1.		
2.		

**Does the CBA have a Family Welfare/Family Planning provision?** ☐ Yes ☐ No ☐ Pending

If yes, kindly state the provision (or attach a copy):

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## II. PROGRAM ORGANIZATIONAL SET-UP

### 1. Organization of the Family Welfare Committee (FWC)

\_\_\_\_ Organized and functioning

\_\_\_\_ Organized but not active

\_\_\_\_ Not yet organized

### 2. Type of Family Welfare Committee\*: \_\_\_\_\_ Integrated \_\_\_\_\_ Stand Alone

### 3. Number of committee meeting held during the reporting period: \_\_\_\_\_

### 4. FWC sub committees organized based on the 10 dimensions:

Committee	Name of Committee Head and Position

*(Please use extra sheets of paper for additional information)*

## III. FAMILY WELFARE PROGRAMS AND ACTIVITIES

Program Dimension	INTERNAL SUPPORT		EXTERNAL SUPPORT		
	Plant level activities organized/conducted during the reporting period	No. of Participants	DOLE Activities organized/conducted during the period	DOH activities organized/conducted during the period	Other Government/NGOs activities organized/conducted during the period
<u>Mandatory Activities</u>  1. Family Planning/ Reproductive Health and responsible Parenthood  2. Gender Equality <ul style="list-style-type: none"> <li>Orientation on Sexual Harassment and creation of CODI</li> </ul>					

\*Type of FWC: **Integrated** if FWC is part of LMC/Union or other organization and **Stand Alone** if it is the only plant level welfare committee organized.

Program Dimension	INTERNAL SUPPORT		EXTERNAL SUPPORT		
	Plant level activities organized/conducted during the reporting period	No. of Participants	DOLE Activities organized/conducted during the period	DOH activities organized/conducted during the period	Other Government/NGOs activities organized/conducted during the period
<u>Highly Recommended Activities</u>					
3. Education					
4. Nutrition					
5. Medical Health					
<u>Other FWP Activities</u>					
6. Values Formation					
7. Livelihood and Cooperative					
8. Sports and Leisure					
9. Housing					

10. Transportation					
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**IV. FAMILY PLANNING AND MATERNAL AND CHILD HEALTH PROGRAM IN THE  
WORKPLACE**

<b>FP and MCH Service</b>		
<b>A. Family Planning Services</b>		<b>Number</b>
<b>1. No. of employees given information of FP</b>		
	a. Formal activities	
	<input type="checkbox"/> No. of males	
	<input type="checkbox"/> No. of females	
	b. IEC materials distributed (posters, brochures, SMS, others)	
	c. Mass media (newspapers, radio, TV, websites, others)	
	d. Peer education (one-on-one)	
	<input type="checkbox"/> No. of males	
	<input type="checkbox"/> No. of females	
<b>2. No. of employees counseled on FP (through GATHER approach)</b>		
	<input type="checkbox"/> No. of males	
	<input type="checkbox"/> No. of females	
<b>3. No of FP Users</b>		
<b>FP METHOD</b>	<b>New Acceptors</b>	<b>Continuing Users</b>
a. Pills		
b. Condoms		
c. Injectables		

d. IUD		
e. BTL		
f. NSV		
g. LAM		
h. SDM Beads		
i. Contraceptive patch		
j. Other (specify)		
TOTAL		
<b>4. No. of employees referred for FP services and provided method for which they were referred</b>		
<b>FP METHOD</b>	<b>Employees referred for FP Services</b>	<b>Employees provided the method for which they were referred to</b>
a. FP Counseling		
b. Pills		
c. Condoms		
d. Injectables		
e. IUD		
f. BTL		
g. NSV		
h. LAM		
i. SDM Beads		
j. Contraceptive		
k. Other (specify)		
TOTAL		
<b>FP Products dispensed (for companies dispensing products)</b>		<b>Number</b>
a. Pills		

b. Injectables	
c. Condoms	
d. IUD	
e. SDM Beads	
f. Contraceptive Patch	
TOTAL	

<b>B. Maternal and Child Health Services (MCH)</b>				
<b>1. No. of employees provided information/referral/service on the following MCH services:</b>				
MCH Service	Information	Service	Referral	No. of employees provided the method for which they were referred
a. Prenatal consultation				
b. Completed 4 prenatal visits				
c. Tetanus Toxoid Vaccination				
d. Birth & emergency plan				
e. Nutrition information for pregnant and lactating women				
f. Breastfeeding consultation				
g. Postnatal consultation				
h. Information on importance of infant immunization				
i. Other MCH services – PHIC (specify: _____)				
TOTAL				
<b>C. Claims field for reimbursements from Philhealth for covered FP and MCH Services</b>				<b>Number</b>
a. Maternity Care Package (non-hospital based, e.g. lying-in clinics)				
b. Normal Spontaneous Delivery				

c. Other MCH related claims	
d. IUD insertion	
e. Non-Scalpel Vasectomy	
f. Bilateral Tubal Litigation	
<b>D. In the provision of FP Services, do you follow the following principles?</b> ____Yes      ____No	
<b>E. FP Product Purchased</b>	<b>Number of Products Purchased (by unit)</b>
a. Pill	
b. Condoms	
c. Injectables	
d. IUD	
e. SDM	
f. Contraceptive Patch	
g. Others (specify)	
TOTAL	
<b>F. MCH Products Purchased</b>	<b>Number of Products Purchased (by unit)</b>
a. Iron	
b. Folate	
c. Tetanus Toxoid Injection	
d. EPI Vaccines	
<input type="checkbox"/> Hepa B	
<input type="checkbox"/> BCG	
<input type="checkbox"/> DPT	
<input type="checkbox"/> OPV	
<input type="checkbox"/> Measles	
TOTAL	
<b>G. For companies dispensing FP products, indicate source of supplies:</b> _____ Public sector (specify) _____ _____ Private sector (specify) _____	
<b>H. For companies dispensing MCH products, indicate source of supplies:</b>	

\_\_\_\_\_ Public sector (specify) \_\_\_\_\_

\_\_\_\_\_ Private sector (specify) \_\_\_\_\_



**V. INTERNAL SUPPORT TO THE COMPANY'S FWP PROGRAM**

1. On Company Policy:

<b>FAMILY WELFARE PROGRAM DIMENSION</b>	<b>STATUS OF POLICY (INTEGRATED OR STAND ALONE)</b>
a. Family Planning and Maternal & Child Health	
b. Other FWP Dimension (specify)	
c. Other FWP Dimension (specify)	
d. Other FWP Dimension (specify)	

2. Family Welfare Program Budget Allocation:

Total Budget Allocation for the Year: Php \_\_\_\_\_

**VI. EXTERNAL SUPPORT TO THE COMPANY'S FWP PROGRAM**

Number of monitoring visits to the company by DOLE and DOH during the reporting period as the case may be. (Please indicate details)

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**VII. TECHNICAL ASSISTANCE NEEDED (please specify)**

- ☐ Setting up of Family Welfare Program \_\_\_\_\_
- ☐ Trainings on Family Welfare Division \_\_\_\_\_
- ☐ IEC Materials \_\_\_\_\_

**VIII. ISSUES/CONCERNS:**

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**IX. REPORTING DETAILS**

Reports prepared by:

Name : \_\_\_\_\_

Position : \_\_\_\_\_

Signature : \_\_\_\_\_

Approved by FWC Chairman:

Name : \_\_\_\_\_

Position : \_\_\_\_\_

Signature : \_\_\_\_\_

Attested by the HR Manager/General Manager

Name : \_\_\_\_\_

Signature : \_\_\_\_\_

Date : \_\_\_\_\_