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):

_____
_____
_____
_____
_____
_____
_____
_____

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 ● Orientation on Sexual Harassment and creation of CODI					

*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					

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

FP and MCH Service			
A. Family Planning Services		**Number**	
1. No. of employees given information of FP			
	a. Formal activities		
	□ No. of males		
	□ 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)		
	□ No. of males		
	□ No. of females		
2. No. of employees counseled on FP (through GATHER approach)			
	□ No. of males		
	□ No. of females		
3. No of FP Users			
	FP METHOD	**New Acceptors**	**Continuing Users**
a. Pills			
b. Condoms			
c. Injectables			

d. IUD		
e. BTL		
f. NSV		
g. LAM		
h. SDM Beads		
i. Contraceptive patch		
j. Other (specify)		
TOTAL		

4. **No. of employees referred for FP services and provided method for which they were referred**

FP METHOD	**Employees referred for FP Services**	**Employees provided the method for which they were referred to**
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		

FP Products dispensed (for companies dispensing products)	**Number**
a. Pills	

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

B. Maternal and Child Health Services (MCH)

1. No. of employees provided information/referral/service on the following MCH services:

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				

C. **Claims field for reimbursements from Philhealth for covered FP and MCH Services**	**Number**
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	
D. In the provision of FP Services, do you follow the following principles? **____Yes _____No**	
E. FP Product Purchased	**Number of Products Purchased (by unit)**
a. Pill	
b. Condoms	
c. Injectables	
d. IUD	
e. SDM	
f. Contraceptive Patch	
g. Others (specify)	
TOTAL	
F. MCH Products Purchased	**Number of Products Purchased (by unit)**
a. Iron	
b. Folate	
c. Tetanus Toxoid Injection	
d. EPI Vaccines	
□ Hepa B	
□ BCG	
□ DPT	
□ OPV	
□ Measles	
TOTAL	
G. **For companies dispensing FP products, indicate source of supplies:** _____ Public sector (specify)_____ _____ Private sector (specify) _____	
H. For companies dispensing MCH products, indicate source of supplies:	

_____ Public sector (specify)_____

_____ Private sector (specify) _____

V. INTERNAL SUPPORT TO THE COMPANY'S FWP PROGRAM

1. On Company Policy:

FAMLY WELFARE PROGRAM DIMENSION	STATUS OF POLICY (INTEGRATED OR STAND ALONE)
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)

_____

_____

_____

_____

_____

VII. TECHNICAL ASSISTANCE NEEDED (please specify)

□ Setting up of Family Welfare Program _____

□ Trainings on Family Welfare Division _____

□ IEC Materials _____

VIII. ISSUES/CONCERNS:

_____

_____

_____

IX. REPORTING DETAILS

Reports prepared by:		Approved by FWC Chairman:	
Name	:_____	Name	:_____
Position	:_____	Position	:_____
Signature	:_____	Signature	:_____

Attested by the HR Manager/General Manager

Name :_____

Signature :_____

Date :_____