

DETAILED  
GUIDE  
FOR SLPIS FORM  
**3.1**  
PARTICIPANT  
MONITORING FORM

DEPARTMENT OF SOCIAL WELFARE AND DEVELOPMENT  
SUSTAINABLE LIVELIHOOD PROGRAM



# FORM OVERVIEW

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**PURPOSE** **Results monitoring tool** to (1) assess the effect of SLP livelihood interventions on the served participants and (2) identify additional interventions needed by the participant, based on their economic status (e.g., asset profile, income, status of enterprise / employment)

**APPLICABILITY** **Microenterprise Development track:** All SLP individual enterprises. *Note that individual enterprises of SLP Association members must be monitored using Form 3.1 (not Form 3.2).*

**Employment Facilitation track:** All SLP individuals facilitated for employment

**PRE-REQUISITE** All accomplished Form 2 encoded into SLPIS

**ADMINISTRATOR** SLP field PDO, CCG members

**FREQUENCY** **Phase 1:** After being served, the SLP participant will be monitored every three (3) months until quality indicators are achieved for one (1) monitoring period (i.e., 3 months).

***Rationale:** The frequency for SLPIS Forms 3.1-3.2 was designed in such a way that more frequent monitoring will be conducted for SLP participants / groups / associations which have difficulty achieving quality livelihood and/or jobs.*

**Phase 2:** After Phase 1, the SLP participant will then be monitored every six (6) months until quality indicators are achieved for one (1) monitoring period (i.e., 6 months).

**Completion:** Monitoring will terminate once Phase 2 is completed or after two (2) years of monitoring the served SLP participant, whichever period is shorter.

**Maximum monitoring period is two (2) years.** Note that SLP participants which have not yet achieved quality livelihood and/or jobs after two (2) years of monitoring will be subject to case conference in coordination with the concerned City/Municipal Link.

**SCOPE** One form should be used **per individual enterprise or per individual employed**

**OFFLINE VERSION** Short-term: **Printed copy of Form 3.1**

Long-term: **Mobile application for Form 3.1** for offline encoding through smartphone / tablet (*Note: Syncing of encoded data into the SLPIS can be done once internet is available.*)

# A. FORM IDENTIFICATION

For tracking and validation purposes, input the date the form was accomplished, the geographical information of the SLP participant being monitored, and the full name of the field PDO assigned to and the interviewer of the participant being monitored.

➔ **A.1 Date Accomplished.** Refers to the date the form was accomplished by the interviewer in *mm/dd/yyyy* format.

➔ **A.2-A.5 Region, Province, Municipality / City, Barangay.** Refers to the Region, Province, Municipality / City, and Barangay where the SLP participant being monitored is located, respectively.

<b>FORM 3.1: PARTICIPANT MONITORING FORM</b>	
<i>Frequency: Every three (3) months after the SLP intervention provided to the individual. Due to progress of livelihood and/or jobs for <u>two consecutive quarters</u>.</i>	
<i>Scope: One form should be used per individual enterprise or per individual employed.</i>	
<i>Note: Fields marked with an asterisk (*) are required fields.</i>	
<b>A. FORM IDENTIFICATION</b>	
A.1 Date Accomplished ( <i>mm/dd/yyyy</i> ) *	
A.2. Region *	
A.3. Province	
A.4. Municipality / City *	
A.5. Barangay *	
A.6. Name of PDO ( <i>Surname, First Name Middle Name</i> )*	
A.7. Name of Interviewer * ( <i>Surname, First Name Middle Name</i> )*	

➔ **A.6 Name of PDO.** Refers to the full name of the field PDO assigned to the SLP participant being monitored.

➔ **A.7 Name of Interviewer.** Refers to the full name of the interviewer (e.g., MAT member, CCG member) who interviewed the SLP participant being monitored. Note that if the assigned field PDO was also the interviewer, his/her name should be reflected in this field.

## B. BASIC INFORMATION ON THE PARTICIPANT

Indicate the specific information about the SLP Participant being monitored, as follows:

B. BASIC INFORMATION ON THE PARTICIPANT		
B.1 Name of SLP Participant*		B.3 SLP Track (select only one) ** <input type="checkbox"/> Micro-enterprise Development <input type="checkbox"/> Employment Facilitation
B.2 Unit ID Number of the SLP Participant (from SLPIS) **		

▶ **B.1 Name of SLP Participant.** Refers to the complete name of participant to be monitored. Use the format "Last Name, First Name M.I."

▶ **B.2 Unit ID Number of the SLP Participant (from SLPIS).** Refers to the unique unit ID number of the SLP participant that is automatically generated through SLPIS. You may input this before the interview.

**B.3 SLP Track.** Refers to track chosen by the participant. Check the box that corresponds to the answer.

## C. DETAILS FOR MICROENTERPRISE DEVELOPMENT (TRACK 1)

Refers to the information on the enterprise of the SLP participant after the SLP intervention during the period being monitored. Fill out this section for all SLP participants assisted through microenterprise development. Otherwise, skip this section.

Note that if the participant has multiple enterprises<sup>1</sup>, the field PDO must ask all necessary information per enterprise and input these in separate columns marked by "Enterprise No. 1", "Enterprise No. 2", etc.

**C.1 Enterprise.** Refers to the specific enterprise of participant (e.g., Buy and Sell of Clothing Merchandise, Production of Processed Food).

C. DETAILS ON MICROENTERPRISE DEVELOPMENT (TRACK 1)	
	Enterprise No. 1
C.1 Enterprise *	
C.2 PSIC for Enterprise * (input code)	

**C.2 PSIC for Enterprise.** Pertains to the specific industry of the enterprise. See **Annex B** for the list of input codes based on the Philippine Standard Industrial Classification (PSIC) sections.

<sup>1</sup> For SLP participants with more than 3 enterprises, one or more Form 3.1 may be appended to collect data on these enterprises.

**Items C.3-C.7** refer to Product / Service Information of the SLP Participant's microenterprise(s).

**C.3. Type.** Refers to the type of enterprise, which may either produce a product (input "1") or provide a service (input "2").

**C.4 Product or Service offered.** Refers to the specific product or service offered by each enterprise.

PRODUCT / SERVICE	<b>C.3 Type *</b> <i>(input code)</i>	
	<b>C.4 Product or Service Offered *</b>	
	<b>C.5 Production *</b> <i>(indicate unit)</i>	
	<b>C.6 Sales *</b> <i>(indicate unit)</i>	
	<b>C.7 Production Cycle*</b> <i>(input code)</i>	

**C.5 Production (indicate unit).** Refers to the total number of products that can be produced, within the production cycle indicated in item **C.10**. Indicate the production unit of measure (e.g. 150 sacks). If the specific enterprise has *Service* as the input in item **C.7.**, write "N/A" for this item.

**C.6 Sales (indicate unit).** Refers to the total number of products sold by the enterprise, including the sales unit of measure (e.g. 100 sacks) for the period being monitored.

**C.7 Production Cycle.** Input the code pertaining to the production cycle of the product / service of the enterprise.

**Items C.8-C.10** refer to Income Information of the SLP Participant's microenterprise(s). Note that the microenterprise's gross profit and net income will be computed automatically by the SLPIS, and therefore will not be collected through the form anymore to minimize human errors and to ease the data collection and encoding burden.

▶ **C.8 Total Revenue (Php).** Refers to the gross revenue / sales of the enterprise expressed in monetary (Php) terms for the period being monitored.

▶ **C.9 Total Cost of Sales / Goods Sold (Php).** Refers to the direct cost of goods and other financial investments (e.g., materials/equipment, labor, expenses) for the period being monitored.

▶ **C.10 Total Operating Expenses (Php).** Refers to the total indirect or overhead expenses (e.g., Salary, Rent, Utility, Transportation and/or Taxes) for the period being monitored.

INCOME	C.8 Total Revenue* (Php)	
	C.9 Total Cost of Sales / Goods Sold* (Php)	
	C.10 Total Operating Expenses * (Php)	
PARTNERS	C.11 Buyer(s)	
	C.12 Supplier(s)	

▶ **C.11-C.12 Buyer(s) & Supplier(s).** Refers to the name/s of the institutional/organizational business partner/s of the enterprise that purchase or supply, respectively, its product/service. If the enterprise has no existing business partner, write "N/A"

<b>C.13 Supporting Documents for each Micro-enterprise *</b> <i>(select all that apply)</i>	<input type="checkbox"/> Financial reports (e.g. ledger, income statement) <input type="checkbox"/> Operations reports (e.g. minutes of meetings, attendance) <input type="checkbox"/> Documentation of products / services (e.g. pictures) <input type="checkbox"/> Key documents / certification (e.g. MOA) <input type="checkbox"/> Marketing Agreements (e.g. Contract with Business Partners) <input type="checkbox"/> Others (Specify: _____)
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**C.13. Supporting Documents.** The Field PDO must check all supporting documents as means of verification for the information collected on the enterprise. Check all applicable.

## D. DETAILS FOR EMPLOYMENT FACILITATION (TRACK 2)

Refers to the information on the employment status of the SLP participant after the SLP intervention during the period being monitored. Fill out this section for all SLP participants assisted through employment facilitation. Otherwise, skip this section.

Note that the field PDO must list down full employment history of the participant after the intervention was given. If the participant was employed through SLP's CBLA modality, the field PDO must include this in his/her employment history.

D. DETAILS ON EMPLOYMENT FACILITATION (TRACK 2)	
<b>D.1 Supporting Documents *</b> (for most recent employment) <i>(select all that apply)</i>	<input type="checkbox"/> Financial reports (e.g. payslips / payroll) <input type="checkbox"/> Documentation of on-going employment (e.g., employment contract) <input type="checkbox"/> Certification <input type="checkbox"/> Others (Specify: _____)

### D.1 Supporting Documents (only for the most recent employment).

Check all supporting documents which apply as a means of verification for the data collected.

		Occupation No. 1	
<b>D.2 Occupation *</b> <i>(specify)</i>			
<b>D.3 PSOC for Occupation *</b> <i>(input code)</i>			
<b>D.4. Current Status</b>	<b>D.4 Current Status *</b> <i>(input code)</i>		

➔ **D.2 Occupation.** Pertains to the specific occupation of participant. List down all occupations within the last three months starting from the most recent occupation under "Occupation No. 1".

➔ **D.3 PSOC for Occupation.** Refers to the PSOC category of the specific occupation of the participant identified in item **D.2**. See **Annex B** for the list of input codes based on the Philippine Standard Occupational Classification (PSOC) sub-major groups.

#### **D.4. Current Status**

1 = Currently employed  
 2 = Terminated  
 3 = Employment completed  
 4 = OJT

➔ **D.4 Current Status.** Pertains to the employment status of the participant with respect to the specific occupation identified in item **D.2**. Input the appropriate code.

### **D.5 Nature of employment.**

Input the nature of employment

of the participant, with respect to the specific occupation identified in item **D.2**. Input the appropriate code as guided by the definitions below, based on the usage of the Philippine Statistics Authority (PSA) in the Labor Force Survey.

#### **D.5 Nature of Employment\***

(input code)

#### **D.5. Nature of Employment**

**1** = Permanent job  
**2** = Short-term or seasonal or casual job

Code	Nature of Employment	Description
1	Permanent Job	When employment, had lasted or expected to last for one year or longer. In general, work is considered permanent if the person engaged in an activity works or expects to work for at least one year. A person who worked under probationary period for 6 months must have a code of "1" if he is expected to work for at least one year. If the work is expected to last for less than one year or less than 10 calendar months, consider the nature of employment as short term or seasonal.
2	Short-term or seasonal or casual	When employment had lasted or expected to last less than one year since it started or if it is intermittent

#### **D.6 Name of Employer \***

#### **D.7 PSIC for Employer \***

(input code)

**D.6 Name of Employer.** Refers to the name of the employer of the participant with respect to the specific occupation identified in item **D.2**. Note that for participants employed by an SLP Association, input the name of the SLP Association in this field (e.g., "Sinagtala Association").

**D.7 PSIC for Employer.** Refers to the specific industry of the employer. See **Annex B** for the list of input codes based on the Philippine Standard Industrial Classification (PSIC) sections.



➔ **D.8 Start date of Employment.** Refers to the start date of each employment. If the interviewee cannot determine the exact date, estimate the month and year.

••• ➔ **D.9 End date of Employment.** Refers to the end date of each employment. If the end date cannot be determined, estimate the month and year, or write "N/A" if it is not applicable.

➔ **D.10 Average number of working hours per Day.** Refers to the average working hours per day of the participant.

<b>D.8 Start Date of Employment</b> <i>(mm/dd/yyyy) *</i>		
<b>D.9 End Date of Employment</b> <i>(mm/dd/yyyy) (if applicable)</i>		
<b>D.10 Average No. of working hours per day *</b>		
<b>D.11 Average No. of working days per week *</b>		
<b>D.12 Wage per work day *</b>		
<b>D.13 Allowance per Day</b> <i>(if applicable)</i>		

➔ **D.11 Average No. of working days per week.** Refers to the average number of working days per week of the participant.

••• ➔ **D.12 Wage per workday.** Refers to the daily wage earned by the participant

➔ **D.13 Allowance per day (if applicable).** Refers to the allowance the participant aside from the daily wage. If there is no allowance received, write "N/A" if it is not applicable.

## E. ASSETS ACQUIRED BY THE SLP PARTICIPANT (AFTER SLP INTERVENTION)

Refers to the information on the **assets acquired or received by the SLP participant after the SLP intervention during the period being monitored.**

Note that for inputting assets with multiple contents (e.g., manicure kit), the entire set can be treated as one (1) input to decrease encoding burden while still capturing relevant data; however, major physical assets (e.g., refrigerator as part of a kitchen kit) may be exempted from this rule.

E. ASSETS ACQUIRED BY THE PARTICIPANT (aft		
E.2 Type of Asset 1 = Financial 2 = Human 3 = Physical 4 = Social 5 = Natural 6 = Asset Protection	E.1 Asset*	E.2 Type of Asset* (input code)

**E.1 Asset.** Refers to the particular asset acquired by the participant after the SLP intervention, during the period being monitored.

**E.2 Type of Asset.** Input the code for

the type of the particular asset acquired by the participant within the period being monitored, based on the definitions below.

Code	Type of Asset	Definition
1	Financial	Financial resources that people use to achieve their livelihood objectives which include available stocks (e.g., savings in the form of cash, bank deposits, or liquid assets) and regular inflows of money ( <b>e.g., Grants, Salary, Bonuses, Remittances, or Loans</b> )
2	Human	Skills, knowledge, capacity to work, and good health that together enable people to pursue different livelihood strategies and achieve their livelihood outcomes ( <b>e.g., carpentry, hog raising</b> )
3	Physical	Basic infrastructure and physical goods that support livelihoods... [and] productive capital that enhances income
4	Social	Formal and informal social relationships (or social resources) from which various opportunities and benefits can be drawn by people in their pursuit of livelihoods ( <b>e.g., accreditation, registration</b> )
5	Natural	Natural resource stocks (e.g. trees, land, clean air, coastal resources) upon which people rely ( <b>e.g., livestock, land, seeds</b> )
6	Asset Protection Product	Commonly in the forms of insurance for assets

E.3 Quantity of Asset*	E.4 Unit of Asset (if applicable)

### ***E.3-E.4. Quantity of Asset & Unit of Asset.***

Refers to the quantity and unit of the particular asset acquired by the participant within the period being monitored. For non-tangible assets (i.e., human, social, and financial assets), input "N/A".

E.5 Cost of Asset (Php) (if applicable)	E.6 Name of Source/Provider*	E.7 Type of Source/ Provider* (input code)

***E.5 Cost of Asset (Php).*** Refers to the estimated cost of the asset acquired by the participant within the period being monitored. For financial assets, refers to the exact amount of loan/grant/financial product acquired by the participant.

#### **E.7 Type of Source or Provider**

**1** = DSWD  
**9** = Govt - PESO  
**10** = Govt - GOCC/GFI  
**11** = Govt - BLGU  
**12** = Govt - C/MLGU  
**13** = Govt - PLGU  
**14** = Govt - SUC  
**15** = Gov't - NGAs  
**16** = Private - Acad  
Univ  
**17** = Private - Acad Coll  
**18** = Private - Acad  
Voc  
**19** = Private - Bank  
**20** = Private - Corp  
**21** = Private - MFI  
**22** = Private - MSME  
**23** = CSO - Coop  
**24** = CSO - NGO  
**25** = CSO - Civic Org  
**26** = CSO - People's  
Org  
**27** = CSO - Social  
Movement  
**28** = CSO - Profession-  
al/Industry Association  
**29** = Participant Coun-  
terpart

***E.6 Source or Provider.*** Refers to the name of the institution which served as the ***Fund Source*** for the acquired assets.

***E.7 Type of Source or Provider.*** Input the appropriate code pertaining to the type of source / provider of the asset. If the participant used his/her own funds to purchase the asset, input "29".

## F. DECLARATION

Indicate the date when the form was accomplished and/or acknowledged, and the complete names and signatures of the following:

F. DECLARATION	
I declare that the data set forth herein is true and correct for the use of monitoring by the Sustainable Livelihood Program.	
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<b>F.1 Signature over Printed Name of the Participant</b>	<b>Thumbmark of Participant</b>

***F.1 Signature over Printed Name of the Participant.*** Refers to the interviewed SLP participant. The interviewee should write his/her signature above his/ her full name. A thumb mark should also be provided.

I declare that the data set forth herein was obtained and reviewed by me personally.
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<b>F.2 Signature over Printed Name of the field PDO</b>

***F.2 Signature over Printed Name of the Field PDO.*** Refers to the Project Development Officer assigned to monitor the SLP Participant. It declares that the field PDO has reviewed the data presented in the submitted SLPIS Form 3.1.

I acknowledge receipt of the accomplished form and attached documentation.	
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<b>F.3 Signature over Printed Name of the Provincial Coordinator</b>	<b>F.4 Date Reviewed (mm/dd/yyyy)</b>

***F.3 Signature over Printed Name of the Provincial Coordinator.*** Refers to the Provincial Coordinator (PC) assigned to supervise the Project Development Officer. It confirms that the PC has reviewed and acknowledged receipt of the submitted SLPIS Form 3.1.

***F.4 Date Reviewed (mm/dd/yyyy).*** Refers to the date the form was reviewed and acknowledged by the Provincial Coordinator, in the format *mm/dd/yyyy*. The concerned Provincial Coordinator of the Field PDO may fill this out.