

Dear Secretary Acuzar and President Laxa,

This is to formally transmit the validation result of SHFC's 2021 Performance Scorecard. Based on the Governance Commission's validation of the GOCC's documentary submissions, SHFC gained an overall score of **20.59%** (See *Annex A*). The same is to be posted on SHFC's website, in accordance with Section 43 of GCG Memorandum Circular (M.C.) No. 2012-07.¹

PERFORMANCE SCORECARD OF SHFC

In relation to the grant of 2021 Performance-Based Bonus (PBB) to eligible officers and employees, SHFC failed to satisfy the requirements of GCG M.C. No. 2019-02,² particularly the achievement of a weighted-average score of at least 90% in its 2021 Performance Scorecard. In this regard, the Board is reminded that any unilateral action to release the PBB will be considered as a violation of the Board's fiduciary duty to protect the assets of the GOCC as provided under Section 19 of Republic Act No. 10149.³

Consequently, pursuant to GCG M.C. No. 2021-01,⁴ failure to qualify for the PBB means that the Appointive Members of the Governing Board of the SHFC shall not be qualified to receive the Performance-Based Incentive (PBI).

FOR SHFC'S INFORMATION AND GUIDANCE. EX QUIROZ (ret. Justice A Chairperson ATTY. GERALDINE MARIE B. ATTY. GIDE MORTEL. **BERBERABE-MARTINEZ** Commissioner Commissioner

cc: COA Resident Auditor - SHFC

"Upholding a Transparent and Responsive GOCC Sector for the Filipino People"

¹ Code of Corporate Governance for GOCCs, dated 28 November 2012.

² Interim Performance-Based Bonus (PBB) dated 25 July 2019.

³ GOCC Governance Act of 2011.

⁴ Interim Performance-Based Incentive (PBI) System for the Appointive Directors of GOCCs covered by GCG for CY 2020 and for the Years Thereafter, dated 28 January 2021.

Annex A

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

SOCIAL IMPACT			
N N N N N N N N N N N N N N N N N N N	SO 1		
Increase Number of ISFs Provided with Housing Finance Assistance	Improve the Quality of Life of the Informal Settler Families	Objective/Measure	Cor
Actual Accomplishment	Life of the Informa	Formula	Component
35%	I Settler F	Weight	
(Actual/Target) x Weight	-amilies	Rating System	
60,000		2021	Target
14,693		Actual	Submission ¹
8.57%		Rating	sion ¹
14,693		Score	GCG Validation
8.57%		Rating	dation
Community Mortgage Program (CMP) Projects: a. Breakdown of CMP Taken-out Projects (January - December 2021) b. House Construction - Billing Statements c. Lot Acquisition - Checks, Disbursement Vouchers, Budget Utilization Request, Checks, Disbursement - Checks, Disbursement Vouchers, Budget Utilization Request, Official Receipts High Density Housing (January - December 2021) b. Phase 1: Sample Disbursement Voucher, Checks, Budget Utilization Request Official Receipts Breakdown of High- Density Housing (January - December 2021) b. Phase 2 and 3: Checks, Disbursement Vouchers, Budget Utilization Request Marawi Projects:		Supporting Documents	
Target not met. The request to reduce the target to 15,000 ISFs due to limited budget allocation is DENIED. The proposed reduced target was not substantiated by sufficient documentation.		GCG Remarks	

¹ The rating is based on the submission of SHFC.

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	STAKEHOLDERS							
SM 2b	SM 2a	SO 2					0	
Percentage of Satisfied Customers (Post-Takeout)	Percentage of Satisfied Customers (Pre-Takeout)	Ensure Customer Satisfaction through the Provision of Quality Service	Subtotal				Objective/Measure	Co
Number of stakeholders who gave a	Number of stakeholders who gave a rating of at least satisfactory / Total number of respondents	faction through th					Formula	Component
5%	5%	e Provisi	35%				Weight	
(Actual / Target) x Weight	(Actual / Target) x Weight If less than 80% = 0%	on of Quality Ser					Rating System	
%06	90%	vice					2021	Target
92.2% of the respondents	85.1% of the respondents gave SHFC either a "very satisfied" or "satisfied" rating						Actual	Submission
5.00%	4.73%		8.57%				Rating	sion ¹
Result Not Acceptable	Result Not Acceptable						Score	GCG Validation
0%	0%		8.57%				Rating	dation
Quality Control f. Certification from People Dynamics, Inc. g. Pre-Test Report	 a. CSS Final Report b. Database of Responses c. Database of Respondents for Back- checking and spot- checking report d. SHFC CSS 2021 Back- checking report e. SHFC CSS 2021 Data 			DOTr Projects: a. Breakdown of DOTR 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	 a. Breakdown of Marawi Shelter Project (January - December 2021) b. Checks, Disbursement Vouchers, Budget Utilization Request 	Supporting Documents	
submitted any request for clarifications on the period covered in the	The request to consider the scope of the respondents in the CSS is <u>DENIED</u> . SHFC was duly informed of the CSS guidelines. More so, SHFC has not						GCG Remarks	

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FINANCE					
SM 3	SO 3			0	
Improve Collection Efficiency Rate	Enhance Financial Viability	Subtotal		Objective/Measure	Col
Cumulative Collection / Cumulative Billing (Current and Delinquent Accounts Only)	bility		rating of at least satisfactory / Total number of respondents	Formula	Component
10%		10%		Weight	
(Actual / Target) x Weight			If less than 80% = 0%	Rating System	
90% Collection Efficiency on Current and Delinquent Accounts				2021	Target
90.11% CER			gave either a "very satisfied" or "satisfied" rating	Actual	Submission ¹
10%		9.73%		Rating	sion ¹
Unverifiable				Score	GCG Validation
0%		0%		Rating	dation
 a. Collection Efficiency Report b. Ten (10) samples of billing statements (statement of account, abstract of collection, CMP remittance report, CMP Receipt) 			 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 	Supporting Documents	
The reported accomplishment cannot be objectively validated due to Commission on Audit's (COA) adverse opinion on SHFC's 2021 Financial Statements			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.	GCG Remarks	

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S S S	SM 4	0	
Increase Gross Revenue	Improve Status of Problematic Accounts	Objective/Measure	Cor
Total Revenues	[(Current Year's Number of Problematic Accounts - Prior Year's Number of Problematic Account) / Prior Year's Number of Problematic Accounts] x 100%	Formula	Component
5%	10%	Weight	
(Actual / Target) x Weight	(Actual / Target) x Weight	Rating System	
P≢787.48 Million	10% Reduction of Problematic Accounts	2021	Target
₱611.91 Million Gross Revenue	3.09% reduction in problematic accounts	Actual	Submission ¹
3.89%	3.09%	Rating	sion ¹
₱619.71 Million Gross Revenue	3.09% reduction in problematic accounts	Score	GCG Validation
3.93%	3.09%	Rating	dation
a. Gross Revenues as of 31 December 2021 b. 2021 Annual Audit Report c. Unaudited Financial Statements	 a. Status of Problematic Accounts as of 31 December 2021 b. Quarterly status of problematic account CY 2021 c. System-generated report 	Supporting Documents	
Target not met. Moreover, SHFC's request for reconsideration to lower the target of this measure is <u>DENIED</u> . 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.	Target not met.	GCG Remarks	

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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.

INTERNAL PROCESS					
SM 7	SO 4		S M O	0	
Percentage of Loan Applications Processed Within Prescribed Period	Integrate and Update Support Systems and Processes	Subtotal	Improve Budget Utilization Rate	Objective/Measure	Co
Number of Loan Applications Processed Within Prescribed Period ² / Total Number of Applications	upport Systems a		Total Disbursement / Total GAA Allocation for SHFC Program	Formula	Component
5%	nd Proces	35%	10%	Weight	
(Actual / Target) x Weight	Ses		All or Nothing	Rating System	
100%			Not less than 90% but not more than 100% of the GAA Allocation for SHFC's Programs	2021	Target
100% loan applications processed within prescribed time (55 out of 55 loan applications were processed within 20 days)			No chargeable SARO and NCA to SHFC'S CY 2021 GA	Actual	Submission ¹
5%		16.98%		Rating	sion ¹
Unverifiable			No reported accomplish ment	Score	GCG Validation
0%		7.02%	0%	Rating	dation
a. Summary of transactions from January to December 2021 (Community Mortgage Program, High Density Housing Prgoram, North- South Commuter Railway Extension Taken-Out Project/DOTr Projects, Marawi			 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 	Supporting Documents	
Unverifiable. The request of SHFC for reconsideration on the computation of the turnaround time is <u>DENIED</u> .			The request of SHFC to reconsider its reported accomplishment due to the circumstances raised is <u>DENIED</u> . It should be noted that the purpose of the target is to ensure that government offices are efficient in the use of resources.	GCG Remarks	

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Validation Result of 2021 F	
Performance Scorecard (Annex A)	SHFC 6 of 8

	S M S M		0	
	Enhance Support Systems for the Effective and Efficient Processes		Objective/Measure	Cor
	Actual Accomplishment		Formula	Component
	5%		Weight	
	100% Attainment of the ISSP Deliverables in the DICT - Approved by / Submitted to DICT = 2.5% Attainment of the ISSP Deliverables in the DICT- Approved ISSP 2018- 2020 and ISSP 2022-2024 Approved by/ Submitted to DICT = 5%		Rating System	
	100% Attainment of the ISSP Deliverables in the DICT- Approved 2018-2020 ISSP 2022- 2024 Approved by/Submitted to DICT		2021	Target
	Three (3) out of the three (3) deliverables in the DICT- approved ISSP 2016- 2020 were already implemente d (Budget MIS-Report writer Tool, MIS-Report writer Tool, MIS- Dashboard) Submitted to DICT on December 2021		Actual	Submission ¹
	5%		Rating	ion ¹
	100% Attainment of the ISSP Deliverables in the DICT- 2018-2020 ISSP 2022- 2024 Approved by/Submitte d to DICT		Score	GCG Validation
	5%		Rating	dation
	 For 100% Attainment of the ISSP Deliverables in the DICT- Approved 2018-2020: a. Information Communication Technology Division - Project Status Report on ZELUS Program (i.e. Budget Management System, MIS - Reportwriter Tool, MIS - Dashboard, ISSP 2022-2024) b. Screenshot of the Finance Management Information System, Zeus Administration System, Zeus Administration System c. User Acceptance and Release Notice for Budget Management Information System - ReportWriter Tool, Management Information System - Dashboard For ISSP 2022-2024 Approved by/Submitted to DICT: a. Board-Approved ISSP 2022-2024 Certificate for Board Resolution No. 958, s. 2021 b. Notarized Secretary's Certificate for Cy 2022-2024 c. Letter to DICT transmitting the SHFC ISSP 2022-2024 	Projects, Intramuros Project from January - December 2021) b. Database/Excel File	Supporting Documents	
18a'	Acceptable		GCG Remarks	

SM 10	SO 6	0 N N	SO 5			
Improvement of the Competency of the Organization	Elevate Personnel Competency	Attain Quality Management Certification	Implement Quality Management Systems	Subtotal	Objective/Measure	
Competency Baseline 2021 - Competency Baseline 2020	mpetency	Actual Accomplishment	nagement Systems		Formula	
5%		5%		10%	Weight	
All or Nothing	-	Pass ISO Surveillance Audit (Head Office and 1 Regional Office) or Attain ISO Certification for 2.5% Pass ISO Surveillance Audit (Head Office and 1 Regional Office) and Attain ISO Certification for 2 Regional Branches = 5%			Rating System	「「「「「「」」」
Improvement in the Competency Baseline of the Organization		Pass ISO Surveillance (Head Office and 1 Regional Office) ISO Certification for 2 Regional Branches			2021	1 al got
Competency Baseline increased by 2.01618% in 2021.		The Surveillance Audit for the Head Office and ISO 9001:2015 Certification Audit for the Regional Branch will be conducted in FY 2022.			Actual	Cubinosion
5%		0%		10%	Rating	- I
Unverifiable		'n			Score	
0%		0%		5%	Rating	
 a. Report on the Corporate Competency Level for 2021 b. Competency Evaluation Forms of the 80 Employees 		 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 			Supporting Documents	
Unverifiable. The CGO-A cannot determine the actual competency level of SHFC due to insufficient supporting documents.		Target not met.			GCG Remarks	

S H F C | 7 of 8 Validation Result of 2021 Performance Scorecard (Annex A)

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Total	Sub-total		Objective/Measure	
			Formula	Component
100%	10%		Weight	
			Rating System	
			2021	Target
5			Actual	Submission ¹
50.28%	5%		Rating	oni
			Score	GCG Validation
20.59	0%		Rating	lation
		 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) 	Supporting Documents	
			GCG Remarks	

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