

Guidelines on Accreditation of CBMS Trainers

November 2014

In 2008, the Community-Based Monitoring System International Network Coordinating Team (CBMS INCT) of the De La Salle University-Angelo King Institute for Economic and Business Studies established a system of accreditation of trainers. The objective of this activity is to create a pool of national, regional and local trainers to local government units in the implementation of the CBMS in the Philippines.

The Accreditation Program aims to institutionalize the conduct of well-coordinated and standardized conduct of CBMS training modules provided to local government units in the implementation of CBMS.

Section 1. Minimum Qualifications for Application

The applicant should:

1. Be a permanent resident of the Republic of the Philippines;
2. Have undergone standard CBMS Module training under the supervision of resource persons from CBMS INCT or accredited CBMS Trainer using latest CBMS questionnaire, software and other materials shared by the CBMS International Network Coordinating Team;
3. Have overseen/been involved in a CBMS implementation of a local government unit;
4. Have facilitated at least three (3) hands-on CBMS trainings per module using latest CBMS questionnaire, software and other materials shared by the CBMS International Network Coordinating Team; and
5. Be willing and available to conduct training to other LGUs within or outside his/her region/province/jurisdiction.

Section 3. Requirements

The CBMS INCT shall review the following documents submitted by an applicant based on the set standards. Assessment of accreditation is by module. An accredit trainer can be accredited in 1 to 4 CBMS modules.

1. Application letter signed by the applicant and his/her supervisor from partner institution/office
2. Curriculum Vitae
3. Duly accomplished CBMS Trainer Accreditation Form (one for each module)
4. Copy of **certification of participation and completion of standard CBMS training workshop on the module being applied for accreditation, duly issued by the CBMS INCT or by the DILG RD/BLGD.**
5. Copy of certificate of appreciation provided by LGUs where the applicant has conducted training or certification from LGU (MPDC/Mayor) of training conducted with names of trainer/s (At least 3 trainings conducted).
6. Certification from office/institution for the trainings conducted by the CBMS trainer/s.

7. Certification from office (signed by head of office) regarding availability of accredited trainers to conduct training to other LGUs within or outside his/her province/region/jurisdiction.
8. List of other trainings conducted in the past twelve (12) months prior to application.
9. Copy of the **summary of results of feedback/evaluation from the participants** trained in the training workshops listed in **item 8 (effective to all trainings to be conducted starting November 10, 2014).**

Only applications with complete supporting documents shall be officially received for evaluation. Incomplete applications shall be returned to the applicant training institution that may opt to resubmit its application after completing the documenting requirements.

Section 4. Adoption of the standard CBMS Training modules

For purposes of standardizing the minimum knowledge and information that the trainer need to acquire, trainings and mentoring are conducted by the CBMS INCT as often as updates and/or new modules are developed.

CBMS APP Track

The CBMS Accelerated Poverty Profiling (APP) entails the organized, systematic and efficient combined use of latest information and communication technology tools and the standard CBMS instruments for data collection (core household profile and village questionnaire), processing (StatSim), poverty mapping and data management instruments.

CBMS APP Modules

1. CBMS APP Module I: Data Collection (5 days)
2. CBMS APP Module II: Data Processing, Poverty Mapping and Building of CBMS Database(5 days)
3. CBMS APP Module III: Plan Formulation = CBMS-Based Barangay Planning and Budgeting Module(4 days)

CBMS PAPER Track

The CBMS PAPER track uses paper questionnaires in data collection. Data is then encoded using CSPro-based encoding system and processed using Statsim. CBMS Poverty maps are produced using QGIS.

CBMS PAPER Modules

1. CBMS PAPER Module I: Data Collection (3 days)
2. CBMS PAPER Module II: Data Encoding and Map Digitizing (3 days)
3. CBMS PAPER Module III: Data Processing, Poverty Mapping and Building of CBMS Database (4 days)
4. Training Workshop 4: Plan Formulation = CBMS-Based Barangay Planning and Budgeting Module (Module IV) (4 days)

Section 5. Accreditation Benefits

Benefits of accredited trainers include:

- a. Waived registration fee to the annual CBMS national conference;
- b. Invitation to participate in trainings on updated and newly-developed modules of the CBMS International Network;
- c. Inclusion in the mailing list of the CBMS quarterly newsletter where different CBMS initiatives and research results are featured; and
- d. Mentoring/technical support from the CBMS INCT on the implementation and use of the standard CBMS modules

Section 6. Terms and renewal of accreditation

Initial accreditation will be valid for two (2) years from the date of approval.

The accredited trainer may apply for renewal of his/her accreditation **within 2 years since last accreditation on the module being applied for renewal of accreditation** prior to the expiration of his/her accreditation by submitting the following documents:

1. Application letter signed by the applicant and his/her supervisor from partner institution/office
2. Updated Curriculum Vitae
3. Duly accomplished CBMS Trainer Accreditation Form (per module)
4. Copy of certificates of participation provided by the CBMS INCT or any accredited trainer wherein the applicant attended as a participant in the past 2 years
5. Copy of certificate of appreciation provided by LGUs where the applicant has conducted training or certification from LGU (MPDC/Mayor) of training conducted in the past 12 months with names of trainer/s (At least 3 trainings conducted).
6. Consolidated tabulation of feedback accomplished by participants of the 3 trainings conducted (**effective to all trainings to be conducted starting November 10, 2014**).
7. Certification from office/institution for the trainings conducted by the CBMS trainer/s in the past 12 months.
8. Certification from office (signed by head of office) regarding availability of accredited trainers to conduct training to other LGUs within or outside his/her province/region/jurisdiction.
9. List of other trainings conducted in the past twelve (12) months prior to application.

Accreditation may cease for any of the following reasons:

- a. Non-compliance with CBMS INCT training standards in the conduct of all its training programs
- b. Detachment from partner organization through resignation, force resignation or termination
- c. Transfer of work assignment not related to CBMS work
- d. No training was conducted by the trainer in the past 2 years

Section 7. List of accredited trainers

The list of all accredited trainers shall be made available to the local government units and shall be posted at the website of the PEP-CBMS INCT and official facebook pages.

Section 8. Procedure for accreditation of trainers

1. New applicants and applicants for renewal of accreditation should submit completed requirements to:

CBMS International Network Coordinating Team

Angelo King Institute for Economic and Business Studies

De La Salle University - Manila

10th Flr. Angelo King International Center

Estrada Cor. Arellano Ave., Malate, Manila

Tel: (632) 5262067; (632) 2305100 local 2461

Fax: (632) 5262067

E-mail: celia.reyes@benilde.edu.ph; cbms.network@gmail.com

Facebook: <http://www.facebook.com/CBMSPhilippines>

Web-site: <http://www.pep-net.org/about-cbms>

2. Application forms with complete requirements will be evaluated by the CBMS INCT.
3. Notice of results will be conveyed to applicant through a written letter after two weeks from date of receipt of application.



Community-Based Monitoring System

CBMS Trainer Accreditation Form

CBMS PAPER Module 1: Data Collection

PERSONAL DETAILS

Name
Family Name Given Name M.I.

Position in the Organization

Organization

Organization Address

Other contact details
Telephone number Cell number Email address

Type of Organization (please check)

National Government Agency
 Local Government Unit
 NGA Regional Office
 NGO
 Academic Organization
 Others (Specify) _____

A. Trainings Attended

Please list the CBMS data collection trainings that you have attended in.

Location	Date	Number of participants	Training Organizer

* Please use additional sheet if necessary

B. Trainings Conducted

Please list the CBMS data collection trainings that you have been a resource person

Location	Date	Number of participants	Training Organizer

* Please use additional sheet if necessary

C. CBMS Coordination

Have you been involved in overseeing or coordinating CBMS implementation in at least 1 Local Government Unit ? (please check appropriate box)

Yes No

Are you currently overseeing or coordinating CBMS implementation in at least 1 Local Government unit ? (please check appropriate box)

Yes No

If yes, please identify local government unit/s

D. Level of confidence in conducting CBMS data collection training

How do you rate your level of confidence in conducting CBMS data collection training?

Very Low Low Average High Very High

E. Feedback on CBMS Module

As a resource person, please specify any suggestions/comments on how the module can be further improved.

I declare that the information I have supplied on this form is, to the best of my understanding and belief, complete and correct. I understand that giving of false and/ or incomplete information may lead to the refusal of my application for CBMS Trainer accreditation. I give permission to the CBMS Network Coordinating Team to obtain information records from any pertinent institution that may verify the information I have provided herein.

Applicant's Signature

Date



Community-Based Monitoring System

CBMS Trainer Accreditation Form

CBMS PAPER Module 2: Encoding of CBMS Questionnaires and Digitizing Maps

PERSONAL DETAILS

Name
Family Name Given Name M.I.

Position in the Organization

Organization

Organization Address

Other contact details
Telephone number Cell number Email address

Type of Organization (please check)

National Government Agency
 NGA Regional Office
 Academic Organization
 Local Government Unit
 NGO
 Others (Specify) _____

A. Trainings Attended
 Please list the previous CBMS trainings that you have attended in.

Location	Date	Number of participants	Training Organizer
Module 1:			
Module 2:			

** Please use additional sheet if necessary*

B. Trainings Conducted
 Please list the CBMS data encoding and map digitizing trainings that you have been a resource person

Location	Date	Number of participants	Training Organizer

** Please use additional sheet if necessary*

C. Level of confidence in conducting CBMS Module training

	Very Low	Low	Average	High	Very High
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How do you rate your level of confidence in using the CSPro-based encoding system?

How do you rate your level of confidence in conducting the training using the CSPro-based encoding system?

How do you rate your level of confidence in using the QGIS software in digitizing maps?

How do you rate your level of confidence in conducting the training using the QGIS software in digitizing maps?

How do you rate your level of confidence in conducting the over-all training on encoding questionnaires and digitizing maps?

D. Feedback on CBMS Module
 As a resource person, please specify any suggestions/comments on how the module can be further improved.

I declare that the information I have supplied on this form is, to the best of my understanding and belief, complete and correct. I understand that giving of false and/ or incomplete information may lead to the refusal of my application for CBMS Trainer accreditation. I give permission to the CBMS Network Coordinating Team to obtain information records from any pertinent institution that may verify the information I have provided herein.

Applicant's Signature

Date



Community-Based Monitoring System

CBMS Trainer Accreditation Form

CBMS PAPER Module 3: Data Processing, Consolidation and Building of the CBMS Database

PERSONAL DETAILS

Name

Family Name	Given Name	M.I.

Position in the Organization

Organization

Organization Address

Other contact details

Telephone number	Cell number	Email address

Type of Organization (please check)

- | | | |
|---|--|---|
| <input type="checkbox"/> National Government Agency | <input type="checkbox"/> NGA Regional Office | <input type="checkbox"/> Academic Organization |
| <input type="checkbox"/> Local Government Unit | <input type="checkbox"/> NGO | <input type="checkbox"/> Others (Specify) _____ |

A. Trainings Attended

Please list the previous CBMS trainings that you have attended in.

Location	Date	Number of participants	Training Organizer
Module 1:			
Module 2:			
Module 3:			

** Please use additional sheet if necessary*

B. Trainings Conducted

Please list the CBMS data consolidation and building of the CBMS database trainings that you have been a resource person

Location	Date	Number of participants	Training Organizer

** Please use additional sheet if necessary*

C. Level of confidence in conducting CBMS Module training

Very Low Low Average High Very High

How do you rate your level of confidence in using the StatSim?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How do you rate your level of confidence in conducting the training using the StatSim?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How do you rate your level of confidence in using the QGIS software in poverty mapping?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How do you rate your level of confidence in conducting the training using the QGIS software in poverty mapping?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How do you rate your level of confidence in using the CSPro Crosstabs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How do you rate your level of confidence in conducting the training using CSPro Crosstabs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How do you rate your level of confidence in conducting the over-all training on data consolidation and building of the CBMS database?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

D. Feedback on CBMS Module

As a resource person, please specify any suggestions/comments on how the module can be further improved.

I declare that the information I have supplied on this form is, to the best of my understanding and belief, complete and correct. I understand that giving of false and/ or incomplete information may lead to the refusal of my application for CBMS Trainer accreditation. I give permission to the CBMS Network Coordinating Team to obtain information records from any pertinent institution that may verify the information I have provided herein.

Applicant's Signature

Date



Community-Based Monitoring System

CBMS Trainer Accreditation Form

CBMS APP Module 1: Data Collection

PERSONAL DETAILS

Name
Family Name Given Name M.I.

Position in the Organization

Organization

Organization Address

Other contact details
Telephone number Cell number Email address

Type of Organization (please check)

- National Government Agency
 NGA Regional Office
 Academic Organization
 Local Government Unit
 NGO
 Others (Specify) _____

A. Trainings Attended

Please list the CBMS data collection trainings that you have attended in.

Location	Date	Number of participants	Training Organizer

** Please use additional sheet if necessary*

B. Trainings Conducted

Please list the CBMS data collection trainings that you have been a resource person

Location	Date	Number of participants	Training Organizer

** Please use additional sheet if necessary*

C. CBMS Coordination

Have you been involved in overseeing or coordinating CBMS implementation in at least 1 Local Government Unit ? (please check appropriate box)

Yes No

Are you currently overseeing or coordinating CBMS implementation in at least 1 Local Government unit ? (please check appropriate box)

Yes No

If yes, please identify local government unit/s

D. Level of confidence in conducting CBMS data collection training

How do you rate your level of confidence in explaining concepts and definitions used in CBMS data collection training?

Very Low Low Average High Very High

How do you rate your level of confidence in using the CBMS Scan and CBMS Portal?

How do you rate your level of confidence in conducting the training using CBMS Scan and CBMS Portal?

D. Feedback on CBMS Module

As a resource person, please specify any suggestions/comments on how the module can be further improved.

I declare that the information I have supplied on this form is, to the best of my understanding and belief, complete and correct. I understand that giving of false and/ or incomplete information may lead to the refusal of my application for CBMS Trainer accreditation. I give permission to the CBMS Network Coordinating Team to obtain information records from any pertinent institution that may verify the information I have provided herein.

Applicant's Signature

Date



Community-Based Monitoring System

CBMS Trainer Accreditation Form

CBMS APP Module 2: Data Processing, Consolidation and Building of the CBMS Database

PERSONAL DETAILS

Name
Family Name Given Name M.I.

Position in the Organization

Organization

Organization Address

Other contact details
Telephone number Cell number Email address

Type of Organization (please check)

- National Government Agency
 NGA Regional Office
 Academic Organization
 Local Government Unit
 NGO
 Others (Specify) _____

A. Trainings Attended

Please list the previous CBMS trainings that you have attended in.

Location	Date	Number of participants	Training Organizer
Module 1:			
Module 2:			

* Please use additional sheet if necessary

B. Trainings Conducted

Please list the CBMS data consolidation and building of the CBMS database trainings that you have been a resource person

Location	Date	Number of participants	Training Organizer

* Please use additional sheet if necessary

C. Level of confidence in conducting CBMS Module training

Very Low Low Average High Very High

How do you rate your level of confidence in using the StatSim?

○ ○ ○ ○ ○

How do you rate your level of confidence in conducting the training using the StatSim?

○ ○ ○ ○ ○

How do you rate your level of confidence in using the QGIS software in poverty mapping?

○ ○ ○ ○ ○

How do you rate your level of confidence in conducting the training using the QGIS software in poverty mapping?

○ ○ ○ ○ ○

How do you rate your level of confidence in conducting the over-all training on data consolidation and building of the CBMS database?

○ ○ ○ ○ ○

D. Feedback on CBMS Module

As a resource person, please specify any suggestions/comments on how the module can be further improved.

I declare that the information I have supplied on this form is, to the best of my understanding and belief, complete and correct. I understand that giving of false and/or incomplete information may lead to the refusal of my application for CBMS Trainer accreditation. I give permission to the CBMS Network Coordinating Team to obtain information records from any pertinent institution that may verify the information I have provided herein.

Applicant's Signature

Date



Community-Based Monitoring System

CBMS Trainer Accreditation Form

CBMS APP Module 3 /CBMS PAPER Module 4: CBMS-Based Planning and Budgeting

PERSONAL DETAILS

Name
Family Name Given Name M.I.

Position in the Organization

Organization

Organization Address

Other contact details
Telephone number Cell number Email address

Type of Organization (please check)

- National Government Agency
 Local Government Unit
 NGA Regional Office
 NGO
 Academic Organization
 Others (Specify) _____

A. Trainings Attended

Please list the CBMS-based planning and budgeting (module 4) trainings that you have attended in.

Location	APP or PAPER track	Date	Number of participants	Training Organizer
Module 1:				
Module 2:				
Module 3:				
Module 4:				

** Please use additional sheet if necessary*

B. Trainings Conducted

Please list the CBMS-based planning and budgeting (module 4) trainings that you served as a resource person

Location	Date	Number of participants	Training Organizer

** Please use additional sheet if necessary*

D. Level of confidence in conducting CBMS Module training

How do you rate your level of confidence in conducting CBMS-Based Planning and Budgeting training?

Very Low Low Average High Very High

E. Feedback on CBMS Module

As a resource person, please specify any suggestions/comments on how the module can be further improved.

I declare that the information I have supplied on this form is, to the best of my understanding and belief, complete and correct. I understand that giving of false and/ or incomplete information may lead to the refusal of my application for CBMS Trainer accreditation. I give permission to the CBMS Network Coordinating Team to obtain information records from any pertinent institution that may verify the information I have provided herein.

Applicant's Signature

Date