|  |  |  |
| --- | --- | --- |
|  | **Department of the Interior and Local Government**  Assessment for the Seal of Good Local Governance (Cities/Municipalities)  CY 2024 | **Form CM 3.3**  Social Protection and Sensitivity |
| Seal of Good Local Governance – REGIONAL ASSESSMENT  Form CM 3.3 Social Protection and Sensitivity | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| City/Municipality of | : | MANGALDAN | Income Class | :1ST |  |
| Province | : | PANGASINAN | Region | : 1 |  |

INSTRUCTIONS: PLEASE READ BEFORE PROCEEDING TO THE ITEMS.

***For the RAT Members***

*1) Based on your thorough review of documents provided by the assigned DILG Field Officers and on-site visit, please supply the required information or tick applicable LGU condition under Column A. (2) Please refer to the NGA data provided by the BLGS for indicators/items with N. (3) In case of a correction/erasure, the RAT leader must affix a signature parallel to the corrected portion. (4) AFFIX SIGNATURE AT THE END OF EACH ASSESSMENT AREA, and PUT INITIALS AT THE BOTTOM OF EACH PAGE. ONLY DULY ACCOMPLISHED FORMS ARE TO BE ENCODED BY THE RFP OR PFP.*

|  |  |
| --- | --- |
| **Required data** | **LGU condition** |
| **Protection and Access to Justice of Women and Children** |  |
| **1(N) The LGU is a 2023 Seal of Child-friendly Local Governance recipient***(please tick as appropriate)* | |  |  | | --- | --- | |  | Yes | |  | No | |  | Not yet available | |
| |  |  | | --- | --- | |  | If not a recipient, please supply the following information | |  |
| |  |  | | --- | --- | |  | 1.1a (N) Passing rate of LGU *(please supply information)* | |  |
| |  |  | | --- | --- | |  | 1.1b (N) Rating for each category (please indicate percentages) | |  |
| |  |  | | --- | --- | |  | Survival*(please supply information)* | |  |
| |  |  | | --- | --- | |  | Development*(please supply information)* | |  |
| |  |  | | --- | --- | |  | Protection*(please supply information)* | |  |
| |  |  | | --- | --- | |  | Participation*(please supply information)* | |  |
| |  |  | | --- | --- | |  | Governance*(please supply information)* | |  |
| |  |  | | --- | --- | |  | 1.2 (N) Compliant with CFLGA indicators on: *(please tick as appropriate)* | | |  |  | | --- | --- | | [ ] | Local Code for Children | | [ ] | Implemented plans for children | | [ ] | Budget allocation and utilization for PAPs for children | |
| **2 The LGU has mechanisms in support of gender and development** |  |
| |  |  | | --- | --- | |  | 2.1 GAD Focal point system*(please tick as appropriate)* | | |  |  | | --- | --- | |  | Present | |  | Not present | |
| |  |  | | --- | --- | |  | 2.2 GAD database*(please tick as appropriate)* | | |  |  | | --- | --- | |  | Present | |  | Not present | |
| |  |  | | --- | --- | |  | 2.3 CY 2023 GAD accomplishment report*(please tick as appropriate)* | | |  |  | | --- | --- | |  | Present | |  | Not present | |
| |  |  | | --- | --- | |  | 2.4 GAD Code | |  |
| |  |  | | --- | --- | |  | a. Updated City / Municipal Code*(please tick as appropriate)* | | |  |  | | --- | --- | |  | Yes | |  | No | |
| |  |  | | --- | --- | |  | Date adopted (dd/mm/yyyy)*(please supply information)* | |  |
| |  |  | | --- | --- | |  | b. Passed ordinance(s) amending / revising existing Code*(please tick as appropriate)* | | |  |  | | --- | --- | |  | Yes | |  | No | |
| |  |  | | --- | --- | |  | Date passed (dd/mm/yyyy*(please supply information)* | |  |
| |  |  | | --- | --- | |  | c. Localized Provincial GAD code*(please tick as appropriate)* | | |  |  | | --- | --- | |  | Yes | |  | No | |
| |  |  | | --- | --- | |  | If yes, please indicate date of adoption of Provincial Code (dd/mm/yyyy) | |  |
| |  |  | | --- | --- | |  | 2.5.a CY 2023 GAD Plan and Budget *(please tick as appropriate)* | | |  |  | | --- | --- | |  | Reviewed and was found fully compliant in form and content per PCW-DILG-DBM-NEDA JMC No. 2016-01 (based on accomplished Form CM 2E: DILG Field Office) | |  | Submitted to DILG Field Officer for review | |  | None of the above | |
| |  |  | | --- | --- | |  | 2.5.b CY 2024 GAD Plan and Budget*(please tick as appropriate)* | | |  |  | | --- | --- | |  | Reviewed and was found fully compliant in form and content per PCW-DILG-DBM-NEDA JMC No. 2016-01 (based on accomplished Form CM 2E: DILG Field Office) | |  | Submitted to DILG Field Officer for review | |  | None of the above | |
| |  |  | | --- | --- | |  | 2.6 CY 2023 GAD Accomplishment | |  |
| |  |  | | --- | --- | |  | a. Fund Disbursement Rate (based on accomplished Form CM 2A: Accountant's Office) | |  |
| |  |  | | --- | --- | |  | Amount allocated *(please supply information)* | |  |
| |  |  | | --- | --- | |  | Amount disbursed*(please supply information)* | |  |
| |  |  | | --- | --- | |  | Percent disbursement *(please supply information)* | |  |
| |  |  | | --- | --- | |  | b. Completion rate of PPAs (based on accomplished Form CM 2H Planning and Development Office)*(please supply information)* | |  |
| **3. The LGU has mechanisms in support of efforts against trafficking and violence against women and their children (VAWC)** |  |
| |  |  | | --- | --- | |  | 3.1 Organized Local Committee on Anti-Trafficking and Violence Against Women and their Children (LCAT-VAWC)*(please tick as appropriate)* | | |  |  | | --- | --- | |  | Yes | |  | No | |
| |  |  | | --- | --- | |  | 3.2 Conducted quarterly meetings of LCAT-VAWC *(please tick all applicable items)* | | |  |  | | --- | --- | | [ ] | 1st quarter of 2023 | | [ ] | 2nd quarter of 2023 | | [ ] | 3rd quarter of 2023 | | [ ] | 4th quarter of 2023 | | [ ] | None of the above | |
| |  |  | | --- | --- | |  | 3.3 Percentage of barangays with respective VAW desks (based on accomplished Form CM 2J: SWD Office)*(please supply information)* | |  |
| |  |  | | --- | --- | |  | 3.4 Percentage of barangays with submitted quarterly reports for CY 2023 | |  |
| |  |  | | --- | --- | |  | CY 2023 - 1st quarter*(please supply information)* | |  |
| |  |  | | --- | --- | |  | CY 2023 - 2nd quarter*(please supply information)* | |  |
| |  |  | | --- | --- | |  | CY 2023 - 3rd quarter*(please supply information)* | |  |
| |  |  | | --- | --- | |  | CY 2023 - 4th quarter*(please supply information)* | |  |
| **4. (N) The LGU has implemented the Supplementary Feeding Program Cycle 12** *(please tick as appropriate)* | |  |  | | --- | --- | |  | Yes | |  | No | |  | Not applicable | |
| |  |  | | --- | --- | |  | If Yes, please provide accomplishment rate as of December 31, 2023 | |  |
| **Accessibility for Persons with Disabilities and Older Persons** |  |
| **5 The LGU has physical features and a local office promoting accessibility for Persons with Disabilities (PWDs) and Older Persons** |  |
| |  |  | | --- | --- | |  | 5.1 City/Municipal Hall *(please tick as appropriate)* | | |  |  | | --- | --- | | [ ] | Not a historical site/under construction | | [ ] | Historical Site | | [ ] | Under construction | |
| |  |  | | --- | --- | |  | Based on the Photo Documentation and Information in Certified Form 2G Engineering Office. The LGU complied with BP 344 requirements in the following:*(please tick as appropriate)* | | |  |  | | --- | --- | | [ ] | Ramps | | [ ] | Toilet | | [ ] | Signages | | [ ] | Parking space for persons with disabilities | | [ ] | None of the above | |
| |  |  | | --- | --- | |  | If under construction, LGU has a facility or building catering to all PWD-related concerns or services and construction plans include the provision of ramps with 2-level handrails*(please tick as appropriate)* | | |  |  | | --- | --- | |  | Yes | |  | No | |
| |  |  | | --- | --- | |  | 5.2 Main health facility*(please tick as appropriate)* | | |  |  | | --- | --- | | [ ] | Not a historical site/under construction | | [ ] | Historical Site | |
| |  |  | | --- | --- | |  | Based on the Photo Documentation and Information in Certified Form 2G Engineering Office. The LGU complied with BP 344 requirements in the following: *(please tick as appropriate)* | | |  |  | | --- | --- | | [ ] | Stairs (if applicable) | | [ ] | Walkways | | [ ] | Corridors | | [ ] | Doors and building entrance | | [ ] | Washrooms and toilets | | [ ] | Ramps | | [ ] | Parking space for persons with disabilities | | [ ] | Switches, Controls, Buzzers | | [ ] | Handrails | | [ ] | Floor Finishes | | [ ] | Drinking/Water fountains | | [ ] | Public telephone | | [ ] | Seating accommodations | | [ ] | Signages | | [ ] | Elevator (if applicable) | | [ ] | None of the above | |
| |  |  | | --- | --- | |  | Copy of plan to be implemented in the next 2 years (in case minimum requirements on health facility could not be complied with)*(please tick as appropriate)* | | |  |  | | --- | --- | |  | Stand-alone plan | |  | Integrated in approved CDP, LIPH, LDIP, AIP, or annual budget. | |
| |  |  | | --- | --- | |  | 5.3 Tertiary Education Facility / TVET Center *(please tick as appropriate)* | | |  |  | | --- | --- | | [ ] | Not a historical site/under construction | | [ ] | Historical Site | | [ ] | Under construction | | [ ] | No Tertiary Education Facility / TVET Center | |
| |  |  | | --- | --- | |  | Based on the Photo Documentation and Information in Certified Form 2G Engineering Office. The LGU complied with BP 344 requirements in the following:*(please tick as appropriate)* | | |  |  | | --- | --- | | [ ] | Ramps | | [ ] | Toilet | | [ ] | Signages | | [ ] | Parking space for persons with disabilities | | [ ] | None of the above | |
| |  |  | | --- | --- | |  | If under construction, LGU has a facility or building catering to all PWD-related concerns or services and construction plans include the provision of ramps with 2-level handrails*(please tick as appropriate)* | | |  |  | | --- | --- | |  | Yes | |  | No | |
| **6. The LGU has a local office that heads programs / projects / activities for PWDs** |  |
| |  |  | | --- | --- | |  | Persons with Disability Affairs Office (PDAO)*(please tick all applicable items)* | | |  |  | | --- | --- | | [ ] | Established office through an Ordinance | | [ ] | Established office through an Executive Order | | [ ] | Appointed PDAO Head who is PWD | | [ ] | Appointed PDAO Head who is not PWD | | [ ] | No PDAO | |
| |  |  | | --- | --- | |  | PDAO is headed by: | |  |
| |  |  | | --- | --- | |  | a. Position title*(please supply information)* | |  |
| |  |  | | --- | --- | |  | b. Salary Grade *(please supply information)* | |  |
| |  |  | | --- | --- | |  | c. Nature of appointment *(please tick as appropriate)* | | |  |  | | --- | --- | |  | Permanent | |  | Temporary | |  | Designated | |
| |  |  | | --- | --- | |  | In case appointment is temporary, period has not exceeded one year*(please tick as appropriate)* | | |  |  | | --- | --- | |  | Yes | |  | No | |
| |  |  | | --- | --- | |  | d. Status of appointment*(please tick as appropriate)* | | |  |  | | --- | --- | | [ ] | With affixed signature of CSC Field Office (FO) representative | | [ ] | Approved by LGU accredited to take final action on appointments thru CSC Resolution | | [ ] | Copy is transmitted to CSC for attestation | | [ ] | Executive Order or similar document is issued for designation | |
| |  |  | | --- | --- | |  | If copy has been transmitted for attestation, please indicate date received by the CSC: | |  |
| |  |  | | --- | --- | |  | If an Executive Order or similar document was issued for designation, please indicate date of approval: | |  |
| |  |  | | --- | --- | |  | e. Date of appointment*(please supply information)* | |  |
| |  |  | | --- | --- | |  | PDAO Head recruitment process*(please tick all that apply)* | | |  |  | | --- | --- | | [ ] | General assembly (GA) with the PWD sector was held | | [ ] | GA nominated at least 3 qualified applicants (for C/M only) | | [ ] | Personnel Selection Board (PSB) included participant from the PWD sector (for C/M only) | |
| |  |  | | --- | --- | |  | If PWD sector was represented in PSB proceedings, participant was*(please tick all that apply)* | | |  |  | | --- | --- | | [ ] | LGU employee with disability | | [ ] | GA-nominated observer | |
| |  |  | | --- | --- | |  | PDAO has accomplished the following *(please tick all applicable items)* | | |  |  | | --- | --- | | [ ] | Accomplishment Report of PWD-related PPAs indicating at least 75% budget utilization (disbursement) or completion of PPAs | | [ ] | All issued IDs uploaded in the DOH PRPWD | | [ ] | None of the above | |
| **7. Presence of a Sign language interpreter in the LGU** *(please tick as appropriate)* | |  |  | | --- | --- | | [ ] | At least one sign language interpreter in the LGU | | [ ] | At least one LGU staff trained in basic sign language assigned in the PDAO | | [ ] | LGU has allotted a budget for hiring a sign language interpreter | | [ ] | LGU has a list of external service providers that can be tapped by LGU | | [ ] | None of the above | |
| **8 The LGU has an established Senior Citizens Center (SCC) based on Certified Form 2E - Photo Documentation***(please tick as appropriate)* | |  |  | | --- | --- | |  | Yes | |  | No | |
| |  |  | | --- | --- | |  | 8.1 SCC is managed by*(please tick all that apply)* | | |  |  | | --- | --- | | [ ] | LGU | | [ ] | DSWD - Field Office | | [ ] | Partner - LGU | | [ ] | Partner - private agency / organization | |
| |  |  | | --- | --- | |  | 8.2 Name of SCC*(please supply information)* | |  |
| **Upholding Indigenous Peoples Representation in local decision-making bodies** |  |
| **9. (N) The LGU's Indigenous People mandatory representative***(please tick all applicable items)* | |  |  | | --- | --- | | [ ] | Has Certificate of Affirmation issued by the NCIP Regional Office | | [ ] | Seats in the Sanggunian | | [ ] | Receives compensation and other regular benefits of a Sanggunian member | | [ ] | Attends Sanggunian sessions as indicated in the Minutes of the Meetings | | [ ] | Not applicable | |
| **Support to decent shelter for all and low-cost housing** |  |
| **10. [For Cities only] The LGU has illegal dwelling units within its jurisdiction (based on accomplished Form 2H: Planning and Development Office)***(please tick as appropriate)* | |  |  | | --- | --- | |  | Yes | |  | No | |
| |  |  | | --- | --- | |  | 10.1 Percent accomplishment of CY 2023 targets for resettlement PPAs (based on accomplished Form 2H: Planning and Development Office)*(please supply information)* | |  |
| |  |  | | --- | --- | |  | 10.2 LGU effort(s) to control, prevent and/or remove illegal dwelling units | |  |
| |  |  | | --- | --- | |  | Ordinance prohibiting illegal settlements, relocation and/or reintegration of informal settlers*(please tick as appropriate)* | | |  |  | | --- | --- | |  | Present | |  | Not present | |
| |  |  | | --- | --- | |  | Has the following office or entity*(please tick as appropriate)* | | |  |  | | --- | --- | | [ ] | Local Housing Board | | [ ] | Local Housing Office | | [ ] | Task Force | |
| |  |  | | --- | --- | |  | Approved Local Shelter Plan, or approved Resettlement and Relocation Action Plan*(please tick as appropriate)* | | |  |  | | --- | --- | |  | Present | |  | Not present | |
| |  |  | | --- | --- | |  | If yes, timeline of plan (yyyy-yyyy)*(please supply information)* | |  |
| |  |  | | --- | --- | |  | Percentage of accomplishment CY 2023 targets*(please supply information)* | |  |
| |  |  | | --- | --- | |  | Resettlement and relocation PPAs *(please tick as appropriate)* | | |  |  | | --- | --- | |  | Present | |  | Not present | |
| **Local initiatives supporting the marginalized sectors** |  |
| **11. The LGU accomplished PPAs / disbursed funds for the marginalized sectors** |  |
| |  |  | | --- | --- | |  | 11.1 Senior citizens and Person with disabilities | |  |
| |  |  | | --- | --- | |  | Fund disbursement CY 2023 (based on accomplished Form 2A: Accountant’s Office) | |  |
| |  |  | | --- | --- | |  | a. Total amount allocated *(please supply information)* | |  |
| |  |  | | --- | --- | |  | b. Amount disbursed*(please supply information)* | |  |
| |  |  | | --- | --- | |  | c. Percent disbursement*(please supply information)* | |  |
| |  |  | | --- | --- | |  | Percent completion of PPAs (based on accomplished Form 2H: Planning and Development Office) *(please supply information)* | |  |
| |  |  | | --- | --- | |  | 11.2 Local Council for the Protection of Children (LCPC), CY 2023 Fund | |  |
| |  |  | | --- | --- | |  | Source of fund, CY 2023 (based on accomplished Form 2A: Accountant’s Office) | |  |
| |  |  | | --- | --- | |  | a. IRA/NTA amount received*(please supply information)* | |  |
| |  |  | | --- | --- | |  | b. Amount allocated *(please supply information)* | |  |
| |  |  | | --- | --- | |  | c. Percent allocation *(please supply information)* | |  |
| |  |  | | --- | --- | |  | Fund disbursement (based on accomplished Form 2A: Accountant's Office) | |  |
| |  |  | | --- | --- | |  | a. Total amount allocated *(please supply information)* | |  |
| |  |  | | --- | --- | |  | b. Amount disbursed*(please supply information)* | |  |
| |  |  | | --- | --- | |  | c. Percent disbursement*(please supply information)* | |  |
| |  |  | | --- | --- | |  | Percent completion of PAPs (based on accomplished Form 2H: Planning and Development Office) (please supply information)*(pls. supply information)* | |  |
| **12.(N) [For cities only] The LGU has a care facility for the vulnerable sectors***(pls. tick as appropriate)* | |  |  | | --- | --- | |  | Yes | |  | No | |
| |  |  | | --- | --- | |  | If yes, pls. supply the following information: | |  |
| |  |  | | --- | --- | |  | 12.1. Type of Facility*(pls. tick as appropriate)* | | |  |  | | --- | --- | |  | Residential Care Facility | |  | Non-Residential Care Facility | |
| |  |  | | --- | --- | |  | 12.2. For LGU-managed facility*(pls. tick as appropriate)* | | |  |  | | --- | --- | |  | (N) DSWD or BARMM MSSD-accredited | |  | Ongoing application for DSWD or BARMM MSSD-Accreditation | |  | Newly-established facility, operation is less than 1-year | |  | Not in NGA data, but LGU provided valid Certification | |  | None of the above | |
| |  |  | | --- | --- | |  | 12.3 For Partner-managed facility*(pls. tick as appropriate)* | | |  |  | | --- | --- | |  | DSWD - Field Office | |  | Partner - LGU | |  | Private Social Welfare and Development Agency | |
| |  |  | | --- | --- | |  | Please provide period of effectivity of accreditation:*(pls. supply information)* | |  |
| |  |  | | --- | --- | |  | Please provide name of partner / facility: | |  |
| **13. The LGU is a beneficiary of the Pantawid Pamilyang Pilipino Program***(pls. tick as appropriate* | |  |  | | --- | --- | |  | Yes | |  | No | |
| |  |  | | --- | --- | |  | If yes, the LGU has accomplished the following:*(pls. tick as appropriate)* | | |  |  | | --- | --- | | [ ] | Issued a Local Ordinance supporting the 4Ps implementation and adopting the social case management process and graduation/exit services/intervention with budget allocation | | [ ] | With Budget allocation for 4Ps- related programs and activities for active and exited beneficiaries in the CDP, LDIP, AIP or LPRAP in CY 2023/2024 | | [ ] | At least 50% of graduated/exited beneficiaries are provided/facilitated with programs and services based on agreed Exit/Intervention Plan | |
| **Functionality of the Local Social Welfare and Development Office** |  |
| **14. The LGU has a Local Social Welfare and Development Office (LSWDO)** |  |
| |  |  | | --- | --- | |  | 14.1 LSWDO is headed by: | |  |
| |  |  | | --- | --- | |  | Position title *(please supply information)* | |  |
| |  |  | | --- | --- | |  | Salary Grade *(please supply information)* | |  |
| |  |  | | --- | --- | |  | Nature of appointment *(please tick as appropriate)* | | |  |  | | --- | --- | |  | Permanent | |  | Temporary | |  | Designated | |
| |  |  | | --- | --- | |  | In case plantilla position is vacant due to separation from service, please tick all applicable items: | | |  |  | | --- | --- | | [ ] | Vacancy happened within 2023 to 2024 | | [ ] | Vacated position has the prescribed SG | | [ ] | Efforts to hire new LSWDO is already on-going | | [ ] | With designated LSWDO Head in the meantime who is also an RSW | |
| |  |  | | --- | --- | |  | In case appointment is temporary, period has not exceeded one year*(please tick as appropriate)* | | |  |  | | --- | --- | |  | Yes | |  | No | |
| |  |  | | --- | --- | |  | Status of appointment*(please tick as appropriate)* | | |  |  | | --- | --- | |  | With affixed signature of CSC Field Office (FO) representative | |  | Approved by LGU accredited to take final action on appointments thru CSC Resolution | |  | Copy is transmitted to CSC for attestation | |  | Executive Order or similar document is issued for designation | |
| |  |  | | --- | --- | |  | If copy has been transmitted for attestation, please indicate date received by the CSC: | |  |
| |  |  | | --- | --- | |  | If an Executive Order or similar document was issued for designation, please indicate date of approval: | |  |
| |  |  | | --- | --- | |  | Date of appointment (dd/mm/yyyy)*(please supply information)* | |  |
| |  |  | | --- | --- | |  | Registered social worker *(please tick as appropriate)* | | |  |  | | --- | --- | |  | Yes | |  | No, because he/she is hired prior to the enactment of RA 9433 | |  | Not a registered social worker | |
| |  |  | | --- | --- | |  | Validity of PRC license *(please supply information)* | |  |
| |  |  | | --- | --- | |  | 14.2 Number of staff assisting the LSWDO with PRC license *(please supply information)* | |  |
| |  |  | | --- | --- | |  | Validity of PRC license *(please supply information for at least one staff)* | |  |
| |  |  | | --- | --- | |  | 14.3 LSWDO has a procedure / manual of operations or local guidelines on case management*(please tick as appropriate)* | | |  |  | | --- | --- | |  | Yes | |  | No | |
| |  |  | | --- | --- | |  | 14.4 All public social workers are provided with Magna Carta grant benefits*(please tick as appropriate)* | | |  |  | | --- | --- | | [ ] | Hazard allowance | | [ ] | Subsistence/Transportation Allowance | | [ ] | Housing and Living Quarters Allowance | | [ ] | Longevity pay | | [ ] | Clothing Allowance | | [ ] | None of the Above | |
| |  |  | | --- | --- | |  | 14.5 Use of CBMS data or other targeting system as a registry to update the profiles of current beneficiaries of social development programs*(please tick as appropriate)* | | |  |  | | --- | --- | |  | Yes | |  | No | |
| |  |  | | --- | --- | |  | 14.6 Efforts to implement CBMS*(please tick as appropriate)* | | |  |  | | --- | --- | | [ ] | On-going CBMS data gathering | | [ ] | Proposed PAPs to implement CBMS | | [ ] | Use of other socioeconomic database, profiling or tracking/targeting system other than CBMS | | [ ] | Others | |
| **15. LGU efforts on mainstreaming social protection***(please tick all applicable items)* | |  |  | | --- | --- | | [ ] | Social Protection Development Report (SPDR) is available | | [ ] | SPDR of component cities and municipalities are submitted to the PSWDO | | [ ] | SP Initiatives from the SPDR integrated in local plans | | [ ] | Policy issuance on any area of recommendation of the SPDR | | [ ] | None of the above | |
| **Providing free employment facilitation services** |  |
| **16. The LGU has a Public Employment Service Office (PESO)***(please tick as appropriate)* | |  |  | | --- | --- | |  | Established office through ordinance | |  | Established office through Executive Order | |  | Allocated with budget in CY 2024 Annual budget/appropriation ordinance | |  | No PESO due to PS limitation | |  | No PESO but with designated officer | |  | No PESO | |
| |  |  | | --- | --- | |  | 16.1 PESO is headed by: | |  |
| |  |  | | --- | --- | |  | Position Title *(please supply information)* | |  |
| |  |  | | --- | --- | |  | Salary Grade *(please supply information)* | |  |
| |  |  | | --- | --- | |  | Nature of appointment *(please tick as appropriate)* | | |  |  | | --- | --- | |  | Permanent | |  | Temporary | |  | Designated | |
| |  |  | | --- | --- | |  | In case appointment is temporary, period has not exceeded one year*(please tick as appropriate)* | | |  |  | | --- | --- | |  | Yes | |  | No | |
| |  |  | | --- | --- | |  | In case plantilla position is vacant due to separation from service, please tick all applicable items: | | |  |  | | --- | --- | | [ ] | Vacancy happened within 2023 to 2024 | | [ ] | The vacated position has the prescribed SG | | [ ] | Efforts to hire new PESO is already on-going | | [ ] | With designated PESO Head in the meantime | |
| |  |  | | --- | --- | |  | Status of appointment*(please tick as appropriate)* | | |  |  | | --- | --- | |  | With affixed signature of CSC Field Office (FO) representative | |  | Approved by LGU accredited to take final action on appointments thru CSC Resolution | |  | Copy is transmitted to CSC for attestation | |  | Executive Order or similar document is issued for designation | |
| |  |  | | --- | --- | |  | If copy has been transmitted for attestation, please indicate date received by the CSC: | |  |
| |  |  | | --- | --- | |  | If an Executive Order or similar document was issued for designation, please indicate date of approval and reason for designation:*(please supply information)* | |  |
| |  |  | | --- | --- | |  | Date of appointment *(please supply information)* | |  |
| **Functionality of Local Development Council** |  |
| **17. The LGU has an organized Local Development Council (LDC)** |  |
| |  |  | | --- | --- | |  | 17.1 Composition*(please tick as appropriate)* | | |  |  | | --- | --- | |  | Constituted according to Sec. 107 of the LG Code | |  | Not constituted per Sec. 107 | |
| |  |  | | --- | --- | |  | Number of LDC members*(please supply information)* | |  |
| |  |  | | --- | --- | |  | Number of representatives from non-government organizations (NGOs) *(please tick as appropriate)* | |  |
| |  |  | | --- | --- | |  | Percentage of NGO representation*(please supply information)* | |  |
| |  |  | | --- | --- | |  | Please tick applicable condition: | | |  |  | | --- | --- | |  | More than ¼ of the fully organized LDC | |  | ¼ of the fully organized LDC | |  | Less than ¼ of the fully organized LDC | |
| |  |  | | --- | --- | |  | If less than 1/4 of LDC, please tick all applicable items: | | |  |  | | --- | --- | | [ ] | Insufficient number of organized CSOs in the locality | | [ ] | Insufficient number of accredited CSOs in the locality | | [ ] | Others | |
| |  |  | | --- | --- | |  | If others is ticked, please specify: | |  |
| |  |  | | --- | --- | |  | 17.2 Executive Committee*(please tick as appropriate)* | | |  |  | | --- | --- | |  | Present | |  | Not present | |
| |  |  | | --- | --- | |  | 17.3 Secretariat*(please tick all that apply)* | | |  |  | | --- | --- | | [ ] | Constituted | | [ ] | Provides technical assistance, documentation of proceedings, and preparation of reports | | [ ] | Tapped assistance of NGOs, academe, and / or research institutions | |
| |  |  | | --- | --- | |  | 17.4a Local Project Monitoring Committee*(please tick as appropriate)* | | |  |  | | --- | --- | |  | As an organized functional committee of LDC | |  | As a stand-alone committee | |  | Not present | |
| |  |  | | --- | --- | |  | 17.4b Other Sectoral or functional committees *(please tick all present committees)* | | |  |  | | --- | --- | | [ ] | Social development | | [ ] | Economic development | | [ ] | Physical/ land use/ infrastructure development | | [ ] | Environmental management | | [ ] | Institutional development | | [ ] | Others. | |
| |  |  | | --- | --- | |  | 17.5a Number of meetings between January to June of CY 2023*(please supply information)* | |  |
| |  |  | | --- | --- | |  | 17.5b Number of meetings between July to December of CY 2023*(please supply information)* | |  |
| |  |  | | --- | --- | |  | 17.6 CSO participation in LDC meetings*(please tick all that apply)* | | |  |  | | --- | --- | | [ ] | Participation recorded in meeting/s held between CY 2023 January to June | | [ ] | Participation recorded in meeting/s held between CY 2023 July to December | | [ ] | With a submitted action plan in CY 2023 | | [ ] | None of the above | |
| |  |  | | --- | --- | |  | 17.7 Sanggunian-approved/adopted plans and investment programs that cover CY 2024 *(please tick all that apply)* | | |  |  | | --- | --- | | [ ] | Has Comprehensive Development Plan (CDP) | | [ ] | Has a Local Development Investment Program (LDIP) | | [ ] | Has an Annual Investment Plan (AIP) | |
| **Strengthening population services** |  |
| **18. The LGU has a Population Office.***(please tick as appropriate)* | |  |  | | --- | --- | | [ ] | Established office through an Ordinance | | [ ] | Established office through an Executive Order | | [ ] | With appointed population officer | | [ ] | With designated population officer | | [ ] | No Population Office but with designated officer or coordinator | | [ ] | No Population Office | |
| |  |  | | --- | --- | |  | The Population Office is headed by: | |  |
| |  |  | | --- | --- | |  | Position Title:*(please supply information)* | |  |
| **19. [For Cities and 1st-3rd Mun. only] The LGU has established a Teen Center (community or school-based) based on Certified Form 2E***(please tick as appropriate)* | |  |  | | --- | --- | |  | Yes | |  | No | |
| |  |  | | --- | --- | |  | If yes, please supply the following information: | |  |
| |  |  | | --- | --- | |  | Name of Center: *(please supply information)* | |  |
| |  |  | | --- | --- | |  | Date established (dd/mm/yyyy): *(please supply information)* | |  |

**[END OF SOCIAL PROTECTION AND SENSITIVITY]**

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| **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | |
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| RAT Leader | | | | |
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|  | Signature over Printed Name |  | Agency/Organization |
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| RAT Member | | | | |
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|  | Signature over Printed Name |  | Agency/Organization |
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| RAT Member | | | | |
|  | | | | |
|  | Signature over Printed Name |  | Agency/Organization |
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| Official Release of this Form: | | (Please affix release stamp of DILG RO/PO here) | | |