



## Seal of Good Local Governance – REGIONAL ASSESSMENT

Form CM 3.4 Health Compliance and Responsiveness

City/Municipality of : Income Class :  
Province : Region :

### 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                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|
| Data are sourced from CY 2022 LGU Health Scorecard (HSC) CY 2022 DOH FHSIS Annual Report, CY 2021 and CY 2022 Official Annual TB Program Data from the Integrated TB Information System (IT IS), and CY 2023 Operation Timbang (OPT) Plus Result from NNC. In case of data discrepancy due to clerical errors, please follow the protocol for Change Request of health-related data based on DOH Department Memorandum 2023-0044 and 2023-0044-A. |                                                       |
| 1 (N) The LGU has 2023-2025 complete final version of Local Investment Plan for Health (LIPH) and 2023 Annual Operations Plans (AOP)                                                                                                                                                                                                                                                                                                              | <input type="radio"/> Yes<br><input type="radio"/> No |
| 2 (N) Percentage of households with access to safely managed drinking water services in CY 2022 (please supply information)                                                                                                                                                                                                                                                                                                                       |                                                       |
| 3 (N) Percentage of households with access to safely managed sanitation services in CY 2022 (please supply information)                                                                                                                                                                                                                                                                                                                           |                                                       |
| 4 (N) TB Case Notification Rates:                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                       |
| 4.1 (N) TB Case Notification Rate in CY 2021 (please supply information)                                                                                                                                                                                                                                                                                                                                                                          |                                                       |
| 4.2 (N) TB Case Notification Rate in CY 2022 (please supply information)                                                                                                                                                                                                                                                                                                                                                                          |                                                       |

|                                                                                                                                                                                                                      |                                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|
| 5 (N) TB Treatment Success Rate in CY 2022( <i>please supply information</i> )                                                                                                                                       |                                                       |
| 6 (N)The LGU has 60% - 110% Operation Timbang (OPT) Plus coverage and stunting prevalence among children under 5 years old within the medium level of public health significance( <i>please supply information</i> ) | <input type="radio"/> Yes<br><input type="radio"/> No |
| 7 (N) Percentage of fully-immunized child (FIC) coverage( <i>please supply information</i> )                                                                                                                         |                                                       |
| 8 (N) Proportion of pregnant women with at least 4 prenatal check-ups in CY 2022                                                                                                                                     |                                                       |
| 9 (N) The LGU has a functional Local Health Board                                                                                                                                                                    | <input type="radio"/> Yes<br><input type="radio"/> No |
| 10 (N) Percentage of adults 20 years old and above who were risk assessed using the PhilPEN protocol                                                                                                                 |                                                       |
| 11 (N) Number of Accredited Konsulta Provider                                                                                                                                                                        |                                                       |
| 12 (N) The LGU has an institutionalized DRMM-H system                                                                                                                                                                | <input type="radio"/> Yes<br><input type="radio"/> No |
| 13 (N) The LGU has a functional Local Epidemiology Surveillance Unit                                                                                                                                                 | <input type="radio"/> Yes<br><input type="radio"/> No |

[END OF HEALTH COMPLIANCE AND RESPONSIVENESS]

**Date:** \_\_\_\_\_

RAT Leader

\_\_\_\_\_  
Signature over Printed Name

\_\_\_\_\_  
Agency/Organization

RAT Member

\_\_\_\_\_  
Signature over Printed Name

\_\_\_\_\_  
Agency/Organization

RAT Member

\_\_\_\_\_  
Signature over Printed Name

\_\_\_\_\_  
Agency/Organization

Official Release of this Form:

(Please affix release stamp of DILG RO/PO here)