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MEMORANDUM CIRCULAR

No. : 2015-145

TO: ALL PROVINCIAL GOVERNORS, CITY/MUNICIPAL MAYORS, REGIONAL GOVERNOR OF ARMM, DILG REGIONAL DIRECTORS AND OTHERS CONCERNED

SUBJECT: REITERATION OF LOCAL GOVERNMENT UNITS' ROLE AND FUNCTIONS IN THE IMPLEMENTATION OF RA 10354 ENTITLED "RESPONSIBLE PARENTHOOD AND REPRODUCTIVE HEALTH (RPRH) ACT OF 2012" AND ITS IMPLEMENTING RULES AND REGULATIONS (IRR)

Section 1. Background.

On April 8, 2014, the Supreme Court declared RA 10354 and its IRR generally as "not unconstitutional" except for few specific provisions. This signaled the full implementation and operationalization of the provisions of the law at the national and local levels.

While the law provides that the primary responsibility of providing reproductive health services, supplies, and information particularly among the poor rests on the national government, the role of the LGUs in the implementation of the law is equally critical and considerably indispensable. Essentially, the responsibility of guaranteeing universal access to medically-safe, non-abortifacient, effective, legal, affordable, and quality reproductive health care services, methods, devices, supplies among the population is a complementary activity of the national and local governments. Such responsibility is also consistent with the Local Government Code mandating the LGUs to ensure the general welfare of the population under their jurisdictions.

More than a year after the Supreme Court resolution, however, there remains a huge gap in terms of implementing and institutionalizing the specific provisions of the law especially at the local level. There remains a significant challenge in making accessible reproductive health services and information from the primary to tertiary health facilities. As such, there is a need to broaden the consciousness of LGUs on the roles and functions mandated to them by RA 10354 in order to realize the objectives of the said law.

Section 2. Key Roles and Functions of LGUs in the Implementation of the RPRH Law.

The RPRH Law and its IRR mandates all LGUs to perform and undertake the following roles and responsibilities:

- a. Ensure the provision of full range of responsible parenthood and reproductive health care services, including all family planning methods, supplies, and commodities, both natural and artificial, which are legal, medically safe, non-abortifacient and effective, to all clients at appropriate level of care;
- b. Ensure that all health facilities have an adequate number and adequate training for skilled health professionals for reproductive health care;
- c. Organize the Service Delivery Network (SDN) to ensure the continuum of reproductive health care and services;
- d. Establish or upgrade all public health facilities in the service delivery network (SDN);
- e. Ensure that barriers to reproductive health care for persons with disabilities (PWDs) are responded to;
- f. Map the available RH services in every public and private health facilities and designate population to each of the core referral facilities to ensure universal coverage of reproductive health care;
- g. Conduct maternal, fetal, and infant death reviews and use the results of the review to improve service delivery;
- h. Implement an effective and well-targeted distribution program of reproductive health supplies and commodities supplied by DOH;
- i. Support the promotion of comprehensive reproductive health education in formal and informal learning settings in school and in communities;
- j. Augment the gaps in the family planning commodities and supplies provided by DOH to cover non-NHTS clients to ensure universal access to RH services;
- k. Procure, operate, and maintain mobile health care service (MHCS) to deliver RH care and services particularly to its indigent constituents;
- l. Strengthen its pre-marriage orientation for applicants for marriage license, without exemption, based on the Joint Guidelines of DOH, POPCOM, DILG, and DSWD;
- m. Assign Reproductive Health (RH) Officer of the Day, who will ensure access of all clients seeking RH care, in every public health facility at all levels of care;

- n. Initiate participation and engagement of civil society organization (CSO) in the implementation of the RPRH law in the locality;
- o. Organize implementing and coordinative mechanism for the implementation of RPRH law in the implementation of the law; and
- p. Appropriate funds for the implementation of the RPRH Act through their Comprehensive Development Plan (CDP), Annual Investment Program (AIP), Gender and Development (GAD) Plan and Budget, and other relevant budget sources such as fund for children, PWDs, and Senior Citizens, where relevant and applicable;

Section 3. Collaboration with National and Regional Agencies.

LGUs are directed to coordinate and collaborate with regional and national offices of the DOH, Commission on Population (POPCOM), and other members of the National/Regional Implementation Team for RPRH Law on matters related to the operationalization of the law particularly on training/capacity building, setting-up of SDN, designing communication strategies, and service provision. LGUs may likewise request relevant technical assistance from these agencies.

Section 4. Reporting of Local Accomplishments on the Implementation of RPRH Law.

Every end of March, all LGUs are required to strictly comply the preparation and submission of report (forms and content) as required in the M and E Manual on the implementation of the RPRH Law.

LGU Reports shall be submitted to the RIT Secretariat (POPCOM Regional Offices) or DOH for inclusion to the national report that includes the following accomplishment:

- a. Local policies passed by the LGUs to support the implementation and institutionalization of the RPRH Law;
- b. Programs and interventions conducted by the LGUs with corresponding data on allocation and expenditure in relation to the implementation of the RPRH Law; and
- c. Issues and concerned encountered and recommendations to address such issues.

Section 5. Consistency of Local Ordinances to the Provisions of RA 10354.

All LGUs may enact enabling ordinances, issuances, and policies to support and institutionalize the implementation of RA 10354 in their respective localities. Such local ordinance or issuance should be expedient and not contrary to the principles and provisions of the RPRH Law and its IRR and other relevant national policies, standards, and regulations issued for the implementation of the law by mandated national agencies.

Section 6. Organization and Mobilization of Local Implementing Structure.

For the effective implementation of the RPRH Law, the LGUs may mobilize the Local Health Board or formally organize a Local RHRH Law Implementation Team consisting of local stakeholders including CSOs and private sector to coordinate and ensure the implementation of roles and functions of the LGU in the implementation of the law.

Section 7. Dissemination of this Circular

All DILG Regional Offices through the Provincial Directors, Cluster Heads, City/Municipal Local Government Operations Officer are hereby directed to cause the dissemination of this circular.

For strict compliance.



MEL SENEN S. SARMIENTO

Secretary 

