WHEREAS, pursuant to Section 12, Article II of the 1987 Philippine Constitution declares that it is the duty of the state to protect and strengthen the family as a basic autonomous social institution and equally protect the life of the other and life of the unborn from conception. The State protects and promote the right to health of women, specially mothers, and of the people in general and instill health consciousness among them;

WHEREAS, the State recognized and guarantees the human right of all persons, including their right to equality and non-discrimination, the right to sustainable human development, the right to health. Which included reproductive health, the right to education and information, and the right to choose and make decision to themselves in accordance with their religious conviction, ethics cultural beliefs and the demands of responsible parenthood;

WHEREAS, the right to the promotion of gender equality, gender equity, women empowerment and dignity as a health rights concern and a social responsibility;

WHEREAS, the State likewise guarantees universal access to medically-safe non-abortifacient, effective, legal, affordable and quality reproductive health care services, relevant information and education thereon according to the priority needs of women, children and other underprivileged sector giving preferential access to those identified through the National Household targeting system for poverty reduction (NHTS-RPR) and other government measures of identifying marginalization, who shall be voluntary beneficiaries of reproductive health care, service and supplies for free.
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WHEAREAS, Section 12.02 of Republic Act 10354 “An Act Providing for the National Policy on Responsible Parenthood and Reproductive Health (RPRH)” provides the local government units play a vital role in the Implementation of the RPRH Act as the direct provider of both services and information to their respective constituent;

WHERAS, pursuant to Department Order No. 2014-0312 issued by the Department of Health which provides for the guidelines in setting up Family Planning Services in Hospitals, all public hospital of local government units are mandated to implement a full range of Family Planning Services that includes, but not limited to delivery of information to clients, counseling and assessment, provision of pills, injectable condom; and the performance of procedures, such as IUD insertion and removal, subdermal implant insertion and removal, bilateral, tubal ligation via minilaparotomy under local anesthesia (BTMLLA), and no scalpel vasectomy (NSV), support to the practice of natural planning such as cervical mucus method, basal body temperature (BBT) method, symptothermal method, standard days methods (SDM) and lactational amenorhea method (LAM); and management of complications and adverse reactions following the use of contraceptives;

WHEAREAS, in keeping with its duties and responsibilities to uphold the rights and well-being of its constituents, it is necessary and appropriate for the City Government of Muntinlupa to adopt measures that address gaps in reproductive health care;

NOW THEREFORE, BE IT ORDAINED AS IT IS HEREBY ORDAINED, by the 9th Sangguniang Panlungsod of Muntinlupa in session assembled that:

SECTION 1. This ordinance shall be known as “The Muntinlupa City Reproductive Health Code”.

SECTION 2. Declaration of Policy. The City Government of Muntinlupa shall adopt an integrated and comprehensive policy on reproductive health in line with its pursuit of human development that values human dignity and affords full protection to people's rights, especially of women, children, young people and families.

Moreover, the City recognizes and guarantees the promotion of gender equality, gender equity, women empowerment and dignity as a health and human rights concern and as a social responsibility. The advancement and protection of women’s human rights shall be central to the efforts of the City to address reproductive health care.

The policy upholds the human rights of all persons including the right to equality and equity, the right to development, the right to reproductive health, the right to education and the right to choose and make decisions for themselves in accordance with their religious convictions, culture beliefs and the demands of responsible parenthood.

The policy likewise guarantees universal access to safe, reasonable and quality reproductive health care services and relevant information thereon even as it prioritized the needs of women and children, among underprivileged sectors.
SECTION 3. Purpose and Objective - This Code specially aim to:

(i) Provide the people of Muntinlupa City with timely, complete and accurate information and education on reproductive health;

(ii) Provide couples and individual access to safe, affordable and quality reproductive health care services;

(iii) Ensure the planning implementation, monitoring and evaluation of appropriate and effective reproductive health care programs at the City and Barangay level including: (a) maternal, prenatal infant and child health care, family planning information and services; (b) services for the prevention and abortion and management of post abortion and complication; (c) adolescent and youth health services, prevention and management of reproductive tract infections. HIV/AIDS and other transmittable infections (STIs); (d) elimination of violence against women; education and counseling on sexuality and sexual health (e) treatment of breast, reproductive tract cancers and other gynecological condition (f) male involvement in reproductive health and prevention; and (g) treatment of infertility and sexual dysfunctions.

SECTION 4. Definition of Terms – For purposes of this Ordinance; the following term shall mean:

a) Abortifacient – refers to any drug or devise that includes abortion or the destruction of a fetus inside the mother’s womb or the prevention of the fertilized ovum to reach and be implanted in the mother’s womb upon determination of the Food and Drugs Administration (FDA).

b) Adolescent – refers to young people between the ages of ten (10) to nineteen (19) years who are in transition from childhood to adulthood;

c) Basic Emergency Obstetric and Newborn Care (BEMONC) – refers to lifesaving services for emergency material and newborn conditions/complication being provided by a health facility or professional to include the following services: administration of parental oxytocic drugs, administration of dose of parental anti-convulsant, administration of parental antibiotics administration of material steroids for pre-term labor, performance of assisted vaginal deliveries, removal of retained placental products and manual removal of retained placenta. It also includes neonatal interventions. Which include at the minimum: newborn resuscitation, provision of warmth and referral blood transfusion where possible;
d) Comprehensive Emergency Obstetric and Newborn Care (CEMONC) - refers to life-saving services for emergency maternal and newborn conditions/complications as in Basic Emergency Obstetric and newborn care plus the provision of surgical delivery (Caesarian Section) and blood bank services;

e) Family Planning - refers to a program which enables couples and individual to decide freely and responsible the number and spacing of their children and to have the information and means to do so and to have access to a full range of safe, affordable, effective, non-abortifacient modern natural and artificial methods of planning pregnancy;

f) Fetal and infant death review - refers to a qualitative and in-depth study causes of fetal and infant death with the primary purpose of preventing future deaths through changes or additions to programs, plans and policies;

g) Gender equality - refers to the principle of equality between women and men and equal rights to enjoy conditions in realizing their full human potentials to contribute to, and benefit from, the results of development, with the state recognizing that all human beings are free and equal in dignity and rights. It entails equality in opportunities in the allocation of resources or benefits or in access to services in furtherance of the rights to health and sustainable human development among others, without discrimination;

h) Gender equity - refers to policies, instruments, programs and actions that address the disadvantaged position of women in society by providing preferential treatment and affirmative action. It entails fairness and justice in the distribution of benefits and responsibilities between women and men and often requires women-specific projects and programs to end existing inequalities. This concept recognizes that while reproductive health involves women and men, it is more critical for women's health;

i) Male responsibility - refers to the involvement, commitment, accountability and responsibility of males in all areas of sexual health and reproductive health, as well as the care of reproductive health concerns specific to men;

j) Maternal death review - refers to a qualitative and in-depth study of the causes of maternal death with the primary pregnancy, childbirth and the postpartum period;

k) Maternal health - refers to the health of a woman of reproductive age including, but not limited to, during pregnancy, childbirth and the postpartum period;

l) Modern methods of family planning - refers to safe, effective, non-abortifacient and legal methods, whether natural or artificial, that are registered with the FDA, to plan pregnancy.

m) Natural family planning - refers to a variety of methods used to plan or prevent pregnancy based on identifying the woman's fertile days;
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n) Public health care service provider — refers to: 1) public health care institution, which is duly licensed and accredited and devoted primarily to the maintenance and operation of facilities for health promotion disease prevention, diagnosis treatment and care of individuals suffering from illness, disease, injury, disability or deformity or in need of obstetrical or other medical and nursing care; 2) public health care professional, who is a doctor medicine, a nurse or a midwife; 3) public health worker engaged in the delivery of health care services; 4) barangay health worker who has undergone training program under any accredited government and NGO and who voluntarily renders primarily health care services in the community after having been accredited to function as such by the local health board in accordance with the guidelines promulgated by the Department of Health (DOH).

o) Poor — refers to members of households identified as poor through the NHTS-PR by the Department of Social Welfare and Development (DSWD) or any subsequent used by the national government in identifying the poor;

p) Reproductive Health (RH) — refers to the state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes. This implies that people are able to have a responsible, safe consensual and satisfying sex life, that they have the capability and reproduce and the freedom to decides if, when, and how often to do so. This further implies that women and men attain equal relationships in matters related to sexual relation and reproduction;

q) Reproductive health care — refers to the access to a full range of methods, facilities, services and supplies that contribute to reproductive health and well-being by addressing reproductive health related problems, it also includes sexual health, the purpose of which is the enhancement of life and personal relations. The elements of reproductive health care include, but not limited to, the following:
   i. Family planning information and services which shall include as a first priority making women of reproductive age fully aware of their respective cycles to make them aware of when fertilization is highly probable, as well as highly improbable.
   ii. Maternal, infant and child health and nutrition, including breastfeeding;
   iii. Proscription of abortion and management of abortion complications;
   iv. Adolescent and youth reproductive health guidance and counseling;
   v. Prevention, treatment and management of reproductive tract infections (RTIs). HIV and AIDS and other sexually transmittable infections (STIs);
   vi. Elimination of violence against women and children and other forms of sexual and gender-based violence;
   vii. Education and counseling on sexuality and reproductive health;
viii. Treatment of breast and reproductive tract cancers and other gynecological conditions and disorders;
ix. Male responsibility and involvement and men’s reproductive health;
x. Prevention, treatment and management of infertility and sexual dysfunction;
xii. Reproductive health education for adolescents; and

r) Reproductive health care program – refers to the systematic and integrated provision of reproductive health care to all citizens prioritizing women, the poor, marginalized and those invulnerable or crisis situations;

s) Reproductive health rights – refers to the rights of individuals and couples, to decide freely and responsibly whether or not to have children; the number, spacing and timing of their children; to make other decisions concerning reproduction, free of discrimination, coercion and violence; to have the information and means to do so; and to attain the highest standard of sexual health and reproductive health; provides, however, That reproductive health rights do not include abortion, and access to abortifacients;

t) Reproductive health and sexuality education – refers to a lifelong learning of providing and acquiring complete, accurate and relevant age- and development-appropriate information and education on reproductive health and sexuality through life skills education and other approaches;

u) Reproductive Tract Infection (RTI) – refers to sexually transmitted infections (STIs), and other types of infection affecting the reproductive system;

v) Responsible parenthood – refers to the will and ability of a parent to respond to the needs and aspirations of the family and children. It is likewise a shared responsibility between parents to determine and achieve the desired number of children, spacing and timing of their children according to their own family life aspirations, taking into account psychological preparedness, health status, sociocultural and economic concern consistent, with their religious convictions;

w) Sexual health – refers to a state of physical, mental and social well-being in relation to sexuality. It requires a positive and respectful approach to sexuality and sexual relationships. As well as the possibility of having pleasurable and safe sexual experience, free from coercion, discrimination and violence.

x) Sexually Transmitted Infection (STI) – refers to any infection that may be acquired or passed on through sexual contract, use of IV, intravenous drug needless, childbirth and breastfeeding;
y) Skilled birth attendance – refers to childbirth managed by a skilled health professional including the enabling conditions of necessary equipment and support of a functioning health system, including transport and referral faculties for emergency obstetric care;

z) Skilled health professional – refers to a midwife, doctor or nurse, who has been educated and trained in the skills needed to manage normal and complicated pregnancies, childbirth and the immediate postnatal period, and in the identification, management and referral of complications in woman and newborns;

aa) Sustainable human development – refers to bringing people, particularly the poor and vulnerable, to the center of development process, the center purpose of which is the creation of an enabling environment in which all can enjoy long, healthy and productive lives, done in the natural ecosystem on which all life depends.

SECTION 5. Creation of the Oversight Committee on Reproductive Health -

The City of Muntinlupa Oversight Committee (COMOC) is hereby created to coordinate the planning implementation, monitoring and evaluation of Reproductive Health Care Program. The COMOC shall be composed as follow;

(i) Chairperson – City Mayor
(ii) Members:
   a. City Health Officers
   b. Chairperson Sangguniang Panlungsod Committee on Health
   c. Chairperson Sangguniang Panlungsod Committee on Women & Family Affairs
   d. Chairperson Sangguniang Panlungsod Committee on Youth
   e. District Supervisor Department of Education
   f. School Principals (High School and Elementary)
   g. City Population Management Officer
   h. City Social Welfare and Development Officer
   i. City Planning Development Officer
   j. City Budget Officer
   k. City Public Information Officer
   l. Youth Affairs Development Office (YASDO)
   m. Representative from LGU accredited NGOs implementing RH program to be appointed by the City Mayor upon recommendation by the COMOC
   n. All representative to the COMOC shall be permanent and shall either be the incumbent head of office or permanent alternate of the institution being represented. The City Mayor Heads the COMOC and shall designate an Action Officer from any of the City Government members.
SECTION 6. Function of the City of Muntinlupa Oversight Committee (COMOC) - The COMOC shall function as the central advisory, planning and policy-making body for the comprehensive and integrated implementation of the City Reproductive Health Care Program. It shall have the following responsibilities:

(i) Prepare and submit to the Sangguniang Panlungsod, City Planning and Development Office and City Health Office an annual Reproductive Health Accomplishment Report.

(ii) Coordinate the full implementation of the Reproductive Health Care Program with the following components:
   a. Maternal, pre-natal and post education, care and services;
   b. Immunization and nutrition program and services;
   c. Reproductive and sexual health education for women, men and youth;
   d. Responsible Parenthood Counseling services that include but is not limited to education on legal and medically-safe;

(iii) Monitor the efficient and effective implementation of Reproductive Health program and projects.

(iv) Recommend to the Sangguniang Panlungsod legislative such other prospective policies not provided for under the Ordinance as are deemed necessary to the continuous, efficient, and effective operation of Reproductive Health program in the City;

(v) Generate various statistics on the Reproductive Health of local women, more importantly the women of indigenous cultural communities and the indigent women;

(vi) Hold consultation meetings with concerned City Health and City Hospital staff, the barangay officials, and other concerned employees of the city government;

(vii) Prepare Annual or Supplemental Budget for the Committee;

(viii) Screen and select representative/s to conferences, seminars, trainings and other related RH activities;

(ix) Formulate a training design for RH orientations, seminar and trainings;

(x) Exercise such other function expressly granted, those necessarily implied therefrom, as well as function necessary, appropriate, or incidental to the efficient and effective implementation of the provisions of this Ordinance.
SECTION 7. Strengthening the Technical Capability of the City Health Office

- The Technical Capability of the City Health Office be strengthened through the establishment of Reproductive Health Care Session under its Technical Health Division. The Reproductive Health Care Section of the City Health Office shall have the following functions and responsibilities:
  (i) Formulate specific plans and programs as well as devise strategies and systems for the effective implementation of the City of Muntinlupa, Reproductive Health Care Program, adopt measures to ensure the efficient and effective delivery of basic reproductive health care services and provision of adequate facilities;
  (ii) Monitor implementation of the Reproductive Health Care Program and undertake research on pertinent health, population and sustainable human development issues that includes;
     a. Community population and reproductive health survey to pinpoint or identify families with family planning unmet needs
     b. Master listing of couple that has attended pre-marriage counseling session (Responsible Parenthood Counseling Session)
  (iii) Conduct capability building and education activities for health professionals and service provider, including Family Health Worker, Barangay Health Workers and other Concerned individual;
  (iv) Utilize various tools of media (print and radio) for publicity and promotional campaigns that aim to increase public awareness on reproductive health, population education and responsible parenthood They shall also the development of information, Education and Communication (IEC) materials on these matters.

SECTION 8. Developing of Barangay Health Workers and Functions Barangay Health Workers (BHWs) shall be Deployed in Communities to Perform the following functions:

  (i) Provide health information regarding the different family planning methods;
  (ii) Organize responsible parenthood classes and special counseling sessions
  (iii) Encourage parents to use all modern and permanent method.
  (iv) Record couples who do not use family planning methods but want to practice family planning

SECTION 9 Reproductive Health and Sexuality - Mandatory Reproductive Health and Sexuality Education shall be provided to all in-school and out-school youths in Muntinlupa City:

Reproductive and sexuality education in an age appropriate manner shall be taught by adequately trained teacher starting from the Grade 5 up to College and shall commence at the start of the school year immediately following the affectivity of this ordinance.
The Council shall coordinate the formulation of the sexuality education curriculum, which shall be common to both public and private schools, based on the following subjects and standards:

a. Reproductive health;
b. Reproductive health care and services;
c. Attitudes, beliefs and values on sexual development, sexual behavior and sexual health;
d. Family planning and the number and spacing of children;
e. Natural/traditional methods to prevent unwanted, unplanned and mistimed pregnancy;
f. Use of modern contraceptive devices;
g. Abstinence before marriage;
h. Prevention and treatment of HIV/AIDS and others STDs

The Council shall coordination with the municipal chapters of the Sangguniang Kabataan in organizing and providing Reproductive Health and Sexuality Education classes for out-of-school youth.

The Council, in coordination with the Sangguniang Kabataan and the Municipal Social Welfare and Development Office shall likewise provide training and funding for the operation of Peer Counseling services addressing the reproductive health problems of the youth.

SECTION 10. Responsible Parenthood Counseling - It is mandatory for the following persons to undergo Responsible Parenthood Counseling:

a. Future spouse;
b. Unwed/single parents, live-in partners of common law spouses who intend to register their illegitimate child;
c. All municipal government officials or employees and personnel of national government agencies whose officers are situated in the City of Muntinlupa.
d. Couple whose spouse is detained in the City Jail.

The following procedures will be observed in availing Responsible Parenthood Counseling services:

For couples applying marriage license:

(i) Couple apply for a marriage license at the Municipal Civil Registrar’s Office; The Civil Registrar’s Office refers couples’ applicants to the Reproductive Health Care Section of the City Health Office or its city counterpart. Couple applicants personally register for Responsible Parenthood Counseling and accomplish Marriage Expectation Inquiry Form (MEIF).

(ii) The CHO-Reproductive Health Care Section (CHO-RHCS) or its city counterpart shall review study accomplished MEIF to access the needs of couple applicants and determine the focus of the counseling sections.
The CHO-RHCS or its municipal counterpart shall recommend all modern methods such as Natural Family Planning Methods, Artificial Spacing Methods and Permanent Methods:

Couples applicants, without exemption, should attend all session on time based on schedules as may be decided by the CHO-RHCS or its city counterpart.

CHO-RHCS or its City counterpart issues Responsible Parenthood Certificate to the couple who complied with the prescribed eight-hour counseling session;

The Responsible Parenthood Certificate should be signed by the head of the CHO-RHCS or its city counterpart;

Couple are then referred back to the Civil Registrar’s Office for the issuance of marriage license after applying with responsible parenthood counseling requirements.

For unwed/single parents and common law spouse:

(i) Barangay Health Workers to conduct a door-to-door survey to determine the unwed/single parent and common law spouses in various communities whom they shall organize for Responsible Parenthood Counseling at the CHO-RHCS or in their respective Barangay;

(ii) The CHO-RHCS or its City counterpart shall utilize a values-oriented approach and focus in the counseling sessions with the view of encouraging unwed parent and common law spouses to legitimize their union through marriage;

(iii) The CHO-RHCS or its city counterpart shall recommend all modern family planning methods such as Natural Family Planning Methods, Artificial Spacing Methods and Permanent Methods;

SECTION 11. Family Planning Program and Services – Family Planning program and services shall be accessible, affordable and available to all regardless of sex, age, status, religious convictions, and culture or ethnicity based on the following pillars:

1) Respect for Life - the conduct of programs and services that shall emphasize the promotion and protection of the life of the mother and her child.

2) Responsible Parenthood - program and services to be conducted that shall encourage and facilitate the by the couple of their right and duty to determine the desired number of children they might have when they might have these children.

3) Birth Spacing - information, education and medical and psychological services shall guide couples to decide to have children when they are both physically and emotionally ready to raise and them.
4) Informed Choice - The conduct of programs shall provide accurate information that facilitates decision making of the couple and individual on family planning based on freedom of choice and voluntary decision respecting their moral, cultural and spiritual beliefs.

SECTION 13. Recording and reporting of Family Planning Services – All Family Planning Services Record (or FP Form 1), Consent Forms for surgical procedures and Patient card should be properly filed and recorded. The hospital should prepare the Hospital Service Statistics Report Form for Family Planning, which summarizes the number of clients provided with FP services per unit (as reflected in the FP Logbook/ clinic census) and submitted to the nearest reporting public health unit or to the City Health Office FP Coordinator every month and forwarded to the FHSIS Coordinator to be included as part of the reporting requirements.

SECTION 14. Implementing Rules and Regulations - The Local Health Board, in coordination with other concerned Officers, shall promulgate rules and regulations for the effective implementation of this ordinance and shall ensure no discrimination to the public.

SECTION 15. Funding and Appropriation - Immediately after this Ordinance shall have taken effect, the City Government of Muntinlupa shall appropriate funds to be taken from the general fund and other sources necessary for the efficient and effective operations of the Committee and implementation of the provisions hereof. The COMOC shall also be provide with financial support for the conduct of advocacy activities, and attendance of seminars, conference, and trainings. The said budget shall be allocated under the account of the City Health Office under its Reproductive Health Advocacy Appropriations.

SECTION 16. Separability Clause - If any part section or provision of this ordinance is held invalid or unconstitutional, other provisions not affected thereby shall remain in full force and effect.

SECTION 17. Repealing Clause - All other ordinance, resolutions or local executive orders or rules regulations contrary to or inconsistent with the provision of this ordinance are hereby repealed or modified accordingly.

SECTION 18. Effectivity - This Ordinance shall take effect fifteen (15) days after publication in a local newspaper of general circulation within Muntinlupa City.

ENACTED, by 9th Sangguniang Panlungsod of Muntinlupa City, 16th day of December 2019, on its 25th Regular Session.

CONCURRED:

COUN. ATTY. RAUL R. CORRO
Member

DISTRIBUT 1:

COUN. ALEXSON V. DIAZ
Member
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COUN. PATY KATY C. BUNCAYAO
Member

COUN. LOUISITO A. ARCIAGA
Member

COUN. ALLAN REY A. CAMILON
Member

COUN. TING NIEFES
Member

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COUN. ENGR. NEPTALI S. SANTIAGO
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COUN. MARK-LESTER M. BAES
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COUN. MA. DHEISIRIE G. AREVALO
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COUN. ENGR. MAMERTO T. SEVILLA, JR.
Member

COUN. ARLENE D. HILAPO
Member

COUN. CORNELIO M. MARTINEZ
Member

COUN. WALTER A. ARCILLA
President
Sectoral Representative
Association of Barangay Chairmen

COUN. DANILO D. TAKAGI, JR.
President
Sectoral Representative
Federation of Sangguniang Kabataan
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I HEREBY CERTIFY, as to the correctness of the foregoing Ordinance.

CECILIA O. LAZARTE
Secretary to the Sangguniang

ATTESTED:

ARTEMIO A. SIMUNDAC
City Vice-Mayor/Presiding Officer

APPROVED:

ATTY. JAIME R. FREÑÉDI
City Mayor

Date: 06 JAN 2020

Norie/9th SP