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Implementing Rules and Regulations of The Responsible Parenthood and Reproductive Health Act of 2012 (Republic Act No. 10354)

WHEREAS, pursuant to Section 26 of Republic Act No. 10354, otherwise known as "The Responsible Parenthood and Reproductive Health Act of 2012" (RP/RH Act), the IRR Drafting Committee Chaired by the Secretary of Health and composed of authorized representatives of the Department of Education; Department of Social Welfare and Development; Department of the Interior and Local Government; National Economic Development Authority; Philippine Health Insurance Corporation; Philippine Commission on Women; League of Provinces of the Philippines; League of Cities of the Philippines; League of Municipalities of the Philippines; Likhaan Center for Women's Health; Reproductive Health, Rights, and Ethics Center for Studies and Training; Women's Health Care Foundation; Philippine Medical Association; Philippine Obstetrical and Gynecological Society; Alliance of Young Nurse Leaders and Advocates International; and Bishops-Businessmen's Conference for Human Development was convened on January 22, 2013, and completed its work on [end date];

NOW, THEREFORE, the following rules and regulations are hereby promulgated as the Implementing Rules and Regulations of Republic Act No. 10354:

CHAPTER 1 – General Provisions

RULE 1 – Preliminary Provisions

Section 1.01 *Title.* These Rules shall be known and cited as The Implementing Rules and Regulations of Republic Act No. 10354, otherwise known as "The Responsible Parenthood and Reproductive Health Act of 2012" or RPRH Act.

Section 1.02 *Purpose.* These Rules are hereby promulgated to prescribe the procedures and guidelines for the implementation of "The Responsible Parenthood and Reproductive Health Act of 2012" (or the "RPRH Act") in order to facilitate compliance therewith and to achieve the objectives thereof.

Section 1.03 *Interpretation Clause*. These Rules shall be liberally construed to ensure the provision, delivery and access to reproductive health care services, and to promote, protect and fulfill women's reproductive health and rights.

Section 1.04 *Declaration of Policy*. The State recognizes and guarantees the human rights of all persons including their right to equality and nondiscrimination of these rights, the right to sustainable human development, the right to health which includes reproductive health, the right to education and information, and the right to choose and make decisions for themselves in accordance with their religious convictions, ethics, cultural beliefs, and the demands of responsible parenthood.

Pursuant to the declaration of State policies under Section 12, Article II of the 1987 Philippine Constitution, 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 mother and the life of the unborn from conception. The State shall protect and promote the right to health of women

especially mothers in particular and of the people in general and instill health consciousness among them. The family is the natural and fundamental unit of society. The State shall likewise protect and advance the right of families in particular and the people in general to a balanced and healthful environment in accord with the rhythm and harmony of nature. The State also recognizes and guarantees the promotion and equal protection of the welfare and rights of children, the youth, and the unborn.

Moreover, the State 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 State to address reproductive health care.

The State recognizes marriage as an inviolable social institution and the foundation of the family, which in turn is the foundation of the nation. Pursuant thereto, the State shall defend:

a) The right of spouses to found a family in accordance with their religious convictions and the demands of responsible parenthood;

b) The right of children to assistance, including proper care and nutrition, and special protection from all forms of neglect, abuse, cruelty, exploitation, and other conditions prejudicial to their development;

c) The right of the family to a family living wage and income; and

d) The right of families or family associations to participate in the planning and implementation of policies and programs that affect them.

The State likewise guarantees universal access to medically-safe, non-abortifacient, effective, legal, affordable, and quality reproductive health care services, methods, devices, supplies which do not prevent the implantation of a fertilized ovum as determined by the Food and Drug Administration (FDA) and relevant information and education thereon according to the priority needs of women, children and other underprivileged sectors, giving preferential access to those identified through the National Household Targeting System for Poverty Reduction (NHTS-PR) and other government measures of identifying marginalization, who shall be voluntary beneficiaries of reproductive health care, services and supplies for free.

The State shall eradicate discriminatory practices, laws and policies that infringe on a person's exercise of reproductive health rights.

The State shall also promote openness to life; *Provided, That* parents bring forth to the world only those children whom they can raise in a truly humane way.

RULE 2 – Guiding Principles for Implementation

Section 2.01 These Rules declare the following as guiding principles:

a) The right to make free and informed decisions, which is central to the exercise of any right, shall not be subjected to any form of coercion and must be fully guaranteed by the State, like the right itself;

b) Respect for protection and fulfillment of reproductive health and rights which seek to promote the rights and welfare of every person particularly couples, adult individuals, women and adolescents;

c) The right of unmarried individuals, who are capacitated to marry each other and who are living exclusively with each other as husband and wife without the benefit of marriage, to found a family in accordance with their religious convictions and the demands of responsible parenthood;

d) Informed choice and voluntarism shall be promoted by all public and private health care providers rendering reproductive health care services. Clients shall not be denied any right or benefit (including the right to avail of any program of general welfare or health care) as a consequence of any decision regarding reproductive health care services; neither shall they be coerced or induced to avail of any particular service or commodity;

e) The provision of reproductive health care shall not discriminate between married or unmarried individuals, for reproductive health concerns all individuals regardless of their civil status;

f) Since human resource is among the principal assets of the country, effective and quality reproductive health care services must be given primacy to ensure maternal and child health, the health of the unborn, safe delivery and birth of healthy children, and sound replacement rate, in line with the State's duty to promote the right to health, responsible parenthood, social justice and full human development;

g) The provision of ethical and medically safe, legal, accessible, affordable, non-abortifacient, effective and quality reproductive health care services and supplies is essential in the promotion of people's right to health, especially those of women, the poor, and the marginalized, and shall be incorporated as a component of basic health care;

h) The State shall promote and provide information and access, without bias, to all modern methods of family planning, whether natural or artificial, which have been proven medically safe, legal, non-abortifacient, and effective in accordance with scientific and evidence-based medical research standards such as those registered and approved by the FDA for the poor and marginalized as identified through the NHTS-PR and other government measures of identifying marginalization: *Provided, That* the State shall also provide funding support to promote all modern natural methods of family planning, especially the Billings Ovulation Method, consistent with the needs of acceptors and their religious convictions;

i) The State shall promote programs that (1) enable individuals and couples to have the number of children they desire with due consideration to the health, particularly of women, and the resources available and affordable to them and in accordance with existing laws, public morals and their religious convictions: *Provided, That* no one shall be deprived, for economic reasons, of the rights to have children; (2) achieve equitable allocation and utilization of resources; (3) ensure effective partnership among national government, local government units (LGUs) and the private sector in

the design, implementation, coordination, integration, monitoring and evaluation of people-centered programs to enhance the quality of life and environmental protection; (4) conduct studies to analyze demographic trends including demographic dividends from sound population policies towards sustainable human development in keeping with the principles of gender equality, protection of mothers and children, born and unborn and the promotion and protection of women's reproductive rights and health; and (5) conduct scientific studies to determine the safety and efficacy of alternative medicines and methods for reproductive health care development;

j) The provision of reproductive health care, information and supplies giving priority to poor beneficiaries as identified through the NHTS-PR and other government measures of identifying marginalization must be the primary responsibility of the national government in collaboration with the LGUs consistent with its obligation to respect, protect and promote the right to health and the right to life;

k) While the provision states that reproductive health supplies and health products for the poor shall be the primary responsibility of the national government, LGUs shall endeavor to provide information, services and supplies to poor and non-poor families;

l) The State shall respect individuals' preferences and choice of family planning methods that are in accordance with their religious convictions and cultural beliefs, taking into consideration the State's obligations under various human rights instruments;

m) Active participation by nongovernment organizations (NGOs), women's and people's organizations, civil society, faith-based organizations, the religious sector, private sector, and communities is crucial to ensure that reproductive health and population and development policies, plans, and programs will address the priority needs of women, the poor, and the marginalized;

n) While these rules recognize that abortion is illegal and punishable by law, the government shall ensure that all women needing care for post-abortive complications and all other complications arising from pregnancy, labor and delivery and related issues shall be treated and counseled in a humane, nonjudgmental and compassionate manner in accordance with law and medical ethics;

o) Each family shall have the right to determine its ideal family size: Provided, however, That the State shall equip each parent with the necessary information on all aspects of family life, including reproductive health and responsible parenthood, in order to make that determination;

p) There shall be no demographic or population targets and the mitigation, promotion and/or stabilization of the population growth rate is incidental to the advancement of reproductive health;

q) Gender equality and women empowerment are central elements of reproductive health and population and development;

r) The resources of the country must be made to serve the entire population, especially the poor, and allocations thereof must be adequate and effective: *Provided, That* the life of the unborn is protected;

s) Development is a multi-faceted process that calls for the harmonization and integration of policies, plans, programs and projects that seek to uplift the quality of life of the people, more particularly the poor, the needy and the marginalized; and

t) That a comprehensive reproductive health program addresses the needs of people throughout their life cycle.

RULE 3 – Definition of Terms

Section 3.01 For purposes of these Rules, the terms shall be defined as follows:

a) *Abortifacient* refers to any drug or device that primarily induces 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 Drug Administration (FDA).

b) *Accredited public health facilities* refer to public health facilities that are of sufficient capability and competence to deliver quality health services, without prejudice to accreditation as may be carried out by the Philippine Health Insurance Corporation (PHIC).

c) *Adolescent* refers to young people between the ages of ten (10) to nineteen (19) years who are in transition from childhood to adulthood.

d) *Basic Emergency Obstetric and Newborn Care (BEmONC)* refers to lifesaving services for emergency maternal and newborn conditions/complications being provided by a health facility or professional to include the following services: administration of parenteral oxytocic drugs, administration of dose of parenteral anticonvulsants, administration of parenteral antibiotics, antenatal administration of steroids in threatened premature delivery, 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. These services must be made available twenty four hours a day, seven days a week in a single facility or in a network of facilities.

e) *Civil Society Organizations (CSOs)* refer to non-government organizations (NGOs), People's Organizations (POs), cooperatives, trade unions, professional associations, faith-based organizations, media groups, indigenous peoples movements, foundations, and other citizen's groups which are non-profit and formed primarily for social and economic development to plan and monitor government programs and projects, engage in policy discussions, and actively participate in collaborative activities with the government.

f) *Client* refers to the patient or beneficiary of reproductive health care services.

g) *Comprehensive Emergency Obstetric and Newborn Care (CEmONC)* refers to lifesaving 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, and other highly specialized obstetric interventions. It also includes emergency neonatal care that includes at the minimum: newborn resuscitation, treatment of neonatal sepsis infection, oxygen support, and antenatal administration of steroids in threatened premature delivery. These services may be delivered in a single facility or in a network of facilities.

h) *Conscientious objector* refers to a private practicing skilled health professional who refuses to perform a legal and medically safe service within the scope of his or her professional competence, on the grounds that doing so is against his or her ethical or religious convictions.

i) *Contraceptive* refers to any safe, legal, effective, and scientifically proven modern family planning method, device, or health products, both natural or artificial, that prevents pregnancy but does not primarily destroy a fertilized ovum or prevent a fertilized ovum from being implanted in the mother's womb in doses of its approved indication as determined by the Food and Drug Administration (FDA).

j) *Emergency* refers to a condition or state of a patient wherein based on the objective findings of a prudent medical officer on duty for the day there is immediate danger and where delay in initial support and treatment may cause loss of life or cause permanent disability to the patient.

k) *Emergency Contraceptive Pills*, also known as *Postcoital Pills* refers to methods of contraception that can be used to prevent pregnancy in the first few days after intercourse intended for emergency use following unprotected intercourse, contraceptive failure or misuse, rape or coerced sex provided that these cannot interrupt an established pregnancy, harm a developing embryo or prevent implantation of a fertilized ovum. These are effective only in the first few days following intercourse, before the ovum is released from the ovary and before the sperm fertilizes the ovum; furthermore, these cannot interrupt an established pregnancy or harm a developing embryo.

l) *Family Planning (FP)* refers to a program which enables couples and individuals to decide freely and responsibly 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.

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

n) *Fetal death* refers to the death of a fetus prior to the complete expulsion or extraction from the mother's womb, irrespective of the duration of pregnancy, indicated by the fact that after such separation, the fetus does not breathe or show any other evidence

of life such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles.

o) *Formal education* refers to the systematic and deliberate process of hierarchically structured and sequential learning corresponding to the general concept of schooling. At the end of each level, the learner needs a certification in order to enter or advance to the next level.

p) *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.

q) *Gender equity* refers to the 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.

r) *Geographically Isolated and Depressed Area (GIDA)* refers to communities with marginalized population physically and socio-economically separated from the mainstream society such as island municipalities, upland communities, hard-to-reach areas, and conflict-affected areas.

s) Health care provider refers to:
    1. A health care institution, which is duly licensed and accredited devoted primarily to the maintenance and operation of facilities for health promotion, 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. It shall also be construed as any institution, building, or place where there are installed beds, cribs, or bassinets for twenty-four hour use or longer by patients in the treatment of diseases, injuries, deformities, or abnormal physical and mental states, maternity cases or sanitarial care; or infirmaries, nurseries, dispensaries, and such other similar names by which they may be designated; or
    2. A skilled health professional, as defined in these Rules; or
    3. A health maintenance organization, which is an entity that provides, offers, or arranges for coverage of designated health services needed by plan members for a fixed prepaid premium;
    4. A community-based health care organization, which is an association of indigenous member of the community organized for the purpose of improving the health status of that community through preventive, promotive and curative health services; or
    5. Other health facilities such as those owned or operated by civil society organizations.

t) *Infant mortality* refers to the death of an infant before his or her first birthday.

u) *Informal education* refers to a lifelong process of learning by which every person acquires and accumulates knowledge, skills, attitudes and insights from daily experiences at home, at work, at play and from life itself.

v) *Informed choice and voluntarism* means effective access to information, that allows individuals to freely make their own decision, upon the exercise of free choice and not obtained by any special inducements or forms of coercion or misinterpretation, based on accurate and complete information on a broad range of reproductive health services.

w) *Interpersonal communication and counseling (IPCC)* refers to a face-to-face, verbal and non-verbal exchange of information. Effective IPCC between health care provider and client is one of the most important elements for improving client satisfaction, compliance and health outcomes.

x) *Life-saving drugs* are drugs such as oxytocin, magnesium sulfate, antenatal steroids, and antibiotics, among other medicines used to prevent and manage pregnancy-related complications.

y) *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.

z) *Management of abortion complications* refers to an initial assessment confirming the presence of complications, medical evaluations, counseling of the patient regarding medical condition and treatment plan, prompt referral and transfer if the patient requires treatment beyond the capability of the facility, stabilization of emergency conditions and treatment of any complications (both complications present before treatment and complications that occur during or after the treatment procedure), conduct of appropriate procedures, health education, and counseling on family planning, responsible parenthood, and prevention of future abortions, among others.

aa) *Marginalized* refers to the basic, disadvantaged, or vulnerable persons or groups who are mostly living in poverty and have little or no access to land and other resources, basic social and economic services such as health care, education, water and sanitation, employment and livelihood opportunities, housing, social security, physical infrastructure, and the justice system.

bb) *Maternal death* refers to the death of a woman while pregnant or within forty two (42) days of termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes.

cc) *Maternal death review* refers to a qualitative and in-depth study of the medical and social causes of maternal death with the primary purpose of preventing future deaths through changes or additions to programs, plans and policies.

dd) *Maternal health* refers to the health of a woman of reproductive age including, but not limited to, during pregnancy, childbirth and the postpartum period.

ee) *Maternal health services* refer to a range of services that covers care during the periods that include, but are not limited to, antenatal, delivery, and postpartum periods.

ff) *Miscarriage* means any loss of pregnancy.

gg) *Modern methods of Family Planning (MFP)* refers to safe, effective, non-abortifacient and legal methods or health products, whether natural or artificial, that are registered with the FDA (as applicable), to plan pregnancy. Modern natural methods include Billings Ovulation or Cervical Mucus Method, Basal Body Temperature, Symptothermal Method, Standard Days Method, Lactational Amenorrhea Method, and any other method deemed to be safe, effective, and natural by the DOH. Modern artificial methods and/or health products include oral contraceptive pills, condoms, injectables, intrauterine devices (IUDs), Non-Scalpel Vasectomy (NSV), Bilateral Tubal Ligation (BTL), sub-dermal implants, and any other method deemed to be safe, and effective by the DOH.

hh) *National Household Targeting System for Poverty Reduction (NHTS-PR)* refers to an information management system that identifies who and where the poor are, with its implementation being spearheaded by the Department of Social Welfare and Development (DSWD).

ii) *Natural Family Planning (NFP)* refers to a variety of modern methods used to plan or prevent pregnancy based on identifying the woman's fertility cycle. (4, modified)

jj) *No balance billing (NBB)* refers to a policy wherein no other out-of-pocket fees or expenses shall be charged to or paid by a PhilHealth-eligible individual/patient above and beyond prescribed PhilHealth benefit package rates.

kk) *Persons with Disabilities* (PWD) refers to those who are suffering from restriction or different abilities, as a result of a mental, physical, or sensory impairment, to perform an activity in the manner or within the range considered normal for a human being as defined in Republic Act No. 7277 as amended by Republic Act No. 9442, otherwise known as the "Magna Carta for Disabled Persons".

ll) *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 system used by the national government in identifying the poor.

mm) *Private Sector* refers to the key actor in the realm of the economy where the central social concern and process are the mutually beneficial production and distribution of goods and services to meet the physical needs of human beings. The private sector comprises private corporations, households, and non-profit institutions serving households.

nn) *Proscription of abortion* refers to the prohibition of the crime of abortion as defined in Articles 256, 257, 258 and 259 of the Revised Penal Code.

oo) *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 of medicine, a nurse or a midwife; (3) public health worker engaged in the delivery of health care services; or (4) barangay health worker who has undergone training programs 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).

pp) *Reproductive Health (RH)* refers to the state of complete physical, mental and social well-being 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 to reproduce and the freedom to decide if, when, and how often to do so. This further implies that women and men attain equal relationships in matters related to sexual relations and reproduction.

qq) *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 the following:

1. 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. The provision of information on fertility cycles includes information on the full range of modern family planning methods;

2. Maternal, infant and child health and nutrition, including breastfeeding;

3. Proscription of abortion, and management of abortion complications;

4. Adolescent and youth reproductive health guidance and counseling at the point of care;

5. Prevention, treatment and management of reproductive tract infections (RTIs), HIV and AIDS and other sexually transmittable infections (STIs);

6. Elimination of violence against women and children and other forms of sexual and gender-based violence;

7. Age- and development-appropriate education and counseling on sexuality and reproductive health;

8. Treatment of breast and reproductive tract cancers and other gynecological conditions and disorders;

9. Male responsibility and involvement and men's reproductive health;

10. Prevention, treatment and management of infertility and sexual dysfunction;

11. Age- and development- appropriate reproductive health education for adolescents in formal and non-formal educational settings; and

12. Mental health aspect of reproductive health care.

rr) *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.

ss) *Reproductive health and sexuality education* refers to a lifelong learning process 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.

tt) *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: *Provided, however*, That reproductive health rights do not include abortion, and access to abortifacients.

uu) *Reproductive Tract Infection (RTI)* refers to sexually transmitted infections (STIs), and other types of infections affecting the reproductive system.

vv) *Responsible parenthood (RP)* 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 concerns consistent with their religious convictions.

ww) *Serious case* refers to a condition of a patient characterized by gravity or danger wherein based on the objective findings of a prudent medical officer on duty for the day when left unattended to, may cause loss of life or cause permanent disability to the patient.

xx) *Service delivery network (SDN)* refers to the network of health facilities and providers within the province- or city-wide health systems, offering a core package of health care services in an integrated and coordinated manner. This is similar to the local health referral system as identified in the Local Government Code.

yy) *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 experiences, free from coercion, discrimination and violence.

zz) *Sexually Transmitted Infection (STI)* refers to any infection that may be acquired or passed on through sexual contact. This type of infection may also be transmitted through the use of IV (sharing of intravenous drug needles, contaminated blood transfusions, among others), or vertically during childbirth and breastfeeding.

aaa) *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 facilities for emergency obstetric care.

bbb) *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 women and newborns.

ccc) *Social and Behavioral Change Communication (SBCC)* refers to an approach that looks at the role of communication in bringing about social change, including individual behaviors and social norms. SBCC utilizes a strategic mix of communication interventions using audience-appropriate interpersonal and mass media communication channels to engage individuals, families and communities to promote, stimulate, and sustain behavior change.

ddd) *Stabilize* refers to the provision of necessary care until such time that the patient may be discharged or transferred to another hospital or clinic with a reasonable probability that no physical deterioration would result from or occur during such discharge or transfer.

eee) *Sustainable human development* refers to bringing people, particularly the poor and vulnerable, to the center of development process, the central purpose of which is the creation of an enabling environment in which all can enjoy long, healthy and productive lives, done in the manner that promotes their rights and protects the life opportunities of future generations and the natural ecosystem on which all life depends.

fff) *Unmet need for modern family planning* refers to the number of women who are fecund and sexually active but are not using any modern method of contraception, and report not wanting any more children or wanting to delay the birth of their next child.

ggg) *Violence Against Women (VAW) or Gender-Based Violence (GBV)* – refers to all forms of violence inflicted on women on account of their gender. In the broadest sense, it is a violation of a woman's personhood, mental or physical integrity or freedom of movement. More specifically, it refers to any act of gender-based violence that results, or is likely to result, in physical, sexual, or psychological harm or suffering to women including threats of such acts, coercion, or arbitrary deprivation of liberty, whether occurring in public or private life.

hhh) *Vulnerable* refers to households confronted by ex-ante risk that if currently non-poor, will fall below the poverty line, or if currently poor, will remain in poverty. It is also defined in terms of exposure to adverse shocks to welfare and not just in terms of exposure to poverty.

iii) *Women And Children Protection Units (WCPU)* refers to a unit composed of multi-disciplinary team of trained physicians, social workers, mental health professionals, mental health professionals, and police providing comprehensive medical and psychological services to women and children victims of violence.

CHAPTER 2 – Provision and Financing of Care

RULE 4 – Service Delivery Standards

Section 4.01 *Service Delivery Standards.* This Rule shall describe the provision of information and services related to responsible parenthood and reproductive health. Existing DOH guidelines and program standards shall be reviewed and updated to be consistent with the RPRH Act and these Rules shall continue to be in effect.

Section 4.02 *LGUs to Ensure Provision of Responsible Parenthood and Reproductive Health Care Services*. The LGUs, with assistance from the DOH, shall ensure the provision, at the appropriate level of care, of the full range of responsible parenthood and reproductive health care services, according to the definitions in Sections 3.01 (pp) and 3.01 (vv).

Section 4.03 *Availability of Information and Services in General*. All public health facilities shall provide full, age and development-appropriate information on responsible parenthood and reproductive health care to all clients, regardless of age, sex, disability, marital status or background.

Within six (6) months from the effectivity of these Rules, the DOH shall review existing and/or develop introductory materials (e.g., primers and/or pamphlets, health use plans, core messages for community health teams, among others) on responsible parenthood and reproductive health care. These introductory materials shall be made available in major local languages, including but not limited to Ilokano, Kapampangan, Tagalog, Bikolano, and Bisaya. Furthermore, These introductory materials shall include scientifically correct, evidence-based and comprehensible information on mechanisms of action and benefits, including effectiveness, contraindications, possible side effects, correct usage, availability at health care facilities and providers, and other information as determined necessary by the DOH. The DOH shall ensure that all public facilities have copies of these introductory materials freely available to all clients seeking information for reproductive health.

Section 4.04 *Informed Choice and Voluntarism.* To ensure adherence to the principles of the RPRH Act and the delivery of quality reproductive health care services to voluntary recipients, the applicable provisions of DOH guidelines on Informed Choice and Voluntarism shall form part of these Rules.

Section 4.05 *Access to Family Planning.* All accredited public health facilities shall provide a full range of modern family planning methods, which shall also include medical consultations, supplies and necessary and reasonable procedures for poor and marginalized couples having infertility issues who desire to have children.

The LGUs, with assistance of the DOH, shall ensure that all public health facilities within the Service Delivery Network shall provide full, age-, capacity-, and development-appropriate information and services on all methods of modern family planning to all clients, regardless of age, sex, gender, disability, marital status or background.

These services include, but are not limited to the following:

1. Fertility awareness and family planning information and education;
2. Interpersonal communication and counseling services (IPCC) to the individual for the potential client to make a free and informed choice regarding his or her intention/plan;
3. Provision of modern family planning methods which shall include dispensing of medically safe, legal, and non-abortifacient health products and procedures, among others;
4. Infertility services;
5. Referral services where necessary;
6. Other services include assessment of clients in accordance with DOH guidelines; and
7. Other family planning information and services as deemed relevant by the DOH.

Section 4.06 ***Access to Family Planning Information and Services.*** No person shall be denied information and access to family planning services, whether natural or artificial: *Provided, That* minors will not be allowed access to modern methods of family planning without written consent from their parents or guardian/s except when the minor is already a parent or has had a miscarriage.

Section 4.07 *Access of Minors to Family Planning Services*. Any minor who consults at health care facilities shall be given age-appropriate counseling on responsible parenthood and reproductive health. Health care facilities shall dispense health products and perform procedures for family planning: *Provided, That* in public health facilities, any of the following conditions are met:

a) The minor presents written consent from his or her parents and/or legal guardians; or
b) The minor has had a previous pregnancy as proven by documentation that includes, but is not limited to:
    1. Written documentation from a physician;
    2. Documentation through ancillary examinations such as ultrasound; or
    3. Written documentation submitted by a guardian.

Provided further, That in case a minor satisfies any of the above conditions but is still refused access to information and/or services, the minor may direct complaints to the designated Reproductive Health Officer (RHO) of the facility. Complaints shall be acted upon immediately.

Section 4.08 *Care for Victim-survivors of Gender-Based Violence.* Within sixty (60) days from the effectivity of these Rules, the DOH, in coordination with the DSWD, shall review and implement guidelines and standards for the care of victim-survivors of gender-based violence.

Section 4.09 *Sexual and Reproductive Health Programs for Persons with Disabilities (PWDs).* The cities and municipalities shall ensure that barriers to reproductive health services for PWDs are obliterated by the following:

a) Providing physical access, and resolving transportation and proximity issues to clinics, hospitals and places where public health education is provided, contraceptives are sold or distributed or other places where reproductive health services are provided, pursuant to the standards set forth in Implementing Rules and Regulations of Batas Pambansa (BP) No. 344;
b) Adapting examination tables and other laboratory procedures to the needs and conditions of PWDs;
c) Increasing access to information and communication materials on sexual and reproductive health in braille, large print, simple language, sign language and pictures;
d) Providing continuing education and inclusion of rights of PWDs among health care providers; and
e) Undertaking activities to raise awareness and address misconceptions among the general public on the stigma and their lack of knowledge on the sexual and reproductive health needs and rights of PWDs.

Section 4.10 *Responding to Unmet Needs and/or Gaps for Reproductive Health Care.* With assistance from the DOH**,** each province-, city-, or municipality-wide health system shall carry out measures to reduce the unmet need and/or gaps for reproductive health care, which includes, but are not limited to the following major steps:

a) Identify or validate priority reproductive health needs of the population;
b) Determine and document the inventory of available resources and capacities (budget, infrastructure, and trained personnel) for reproductive health care products and services from the central, regional, and local level, coming from the LGU, DOH, Development Partners, and private sector providers;
c) Match/assign available resources and capacities for reproductive health care to the requirements of the beneficiary population for health products and services with the use of a geographic information system (GIS) or other digital mapping solutions;
d) Determine health product and service gaps, if any, and propose solutions by which these gaps can be filled;
e) Specify mechanisms for the delivery of reproductive health care services to individuals, couples, and families at the points of use, given local conditions and preferences, in consideration of both estimated unmet need and current use; and
f) Coordinate the timeline of activities to meet specific targets for reduction in unmet need and maintenance of current use with timelines at the regional and national levels.

Section 4.11 *Provision of Life-Saving Drugs During Maternal Care Emergencies.* Midwives and nurses shall be allowed to administer life-saving drugs, such as but not limited to oxytocin and magnesium sulfate, in accordance with the guidelines set by DOH, under emergency conditions and when there are no physicians available: *Provided, That* they are properly trained and certified to administer these life-saving drugs.

Section 4.12 *Policies on Administration of Life-Saving Drugs.* Properly trained and certified midwives and nurses shall be allowed to administer intravenous fluids, oxytocin, magnesium sulfate, or other life-saving drugs. Within sixty (60) days from the effectivity of these Rules, the DOH shall develop policies, guidelines, and standards for midwives and nurses to

administer life-saving drugs in emergency situations and when there are no physicians available.

The guidelines shall include provisions for immediate referral and transport of the patient upon administration of these life-saving drugs.

Section 4.13 *Certification for Administration of Life-Saving Drugs.* The certification for a midwife or nurse to administer life-saving drugs in emergency situations and when there are no physicians available shall be issued by DOH-accredited certifying groups upon completion of a training course. The curriculum for this training course shall be developed by the DOH, in consultation with the relevant societies of skilled health professionals. The training course shall be delivered through training centers identified by the DOH.

The LGUs, in coordination with the DOH, shall endeavor that all midwives and nurses assigned to public primary health care facilities such as RHUs are given training and certification by the DOH to administer life-saving drugs within one (1) year of the effectivity of these Rules.

Within sixty (60) days from effectivity of these Rules, the DOH shall develop guidelines for the implementation of this provision.

Section 4.14 *Integrating Maternal and Newborn Emergency Care into Health Professional Curriculum.* The DOH, in collaboration with Commission on Higher Education (CHED), Professional Regulation Commission (PRC), and various specialties of skilled health professionals, shall integrate basic emergency obstetric and newborn care (BEmONC) competencies into pre-service training curricula for medicine, nursing, and midwifery within one (1) year from the effectivity of these Rules.

RULE 5 – Service Delivery Network

Section 5.01 This rule shall provide for standards related to health facilities in the context of a Service Delivery Network as defined in Section 3.01 (xx).

Section 5.02 *Service Delivery Network for Reproductive Health Care Services*. The DOH, through the Centers for Health Development (CHDs) and in coordination with the LGUs, shall integrate responsible parenthood and reproductive health care services, which shall include, among others, the provision of a full range of family planning services, maternal health care, and emergency obstetric and neonatal care, into established Service Delivery Networks (SDNs) or local health referral systems. Defining the SDN shall not be restricted within geographic or political boundaries of LGUs. Collaboration across LGUs shall be considered.

The SDN shall be a network of facilities ranging from Barangay Health Stations (BHS), Rural Health Units (RHUs), district and/or city hospitals, to the provincial and/or DOH-retained hospitals. The DOH and/or the LGU may engage private health facilities, private health providers to form part of the SDN. Each facility type shall have defined minimum reproductive health care services that it shall provide. Support such as, but not limited to training, exchange fellowships, staff, budgetary support, supplies, and equipment may be

made available to health facilities so that they are able to deliver the essential family planning services.

Section 5.03 *Reproductive Health Care Services at Barangay Health Stations.* The Barangay Health Stations within the SDN shall provide services that include, but are not limited to the following:

a) Appropriate information (such as importance and benefits, among others) on the following:
    1. Full range of modern family planning methods, both natural and artificial;
    2. Skilled birth attendance;
    3. Child nutrition, including breastfeeding;
    4. Prenatal and postnatal care;
    5. Adolescent health and reproductive/fertility awareness;
    6. Male responsibility and reproductive health;
    7. Responsible parenthood and values formation;
    8. Maternal and newborn care; and
    9. Health financing, e.g., PhilHealth maternal/NSD and newborn care packages.
b) Interpersonal communication and counseling (IPCC) as applicable;
c) Dispensing of health products by appropriately trained skilled health professionals for services that include, but are not limited to:
    1. Condoms;
    2. Natural family planning charts and digital thermometers;
    3. Standard days method (SDM) beads;
    4. Injectables, and/or oral contraceptive pills; and
    5. Immunization and micronutrient supplementation.
d) Resupply of condoms and oral contraceptive pills by volunteers, such as barangay health workers, community health teams, among others;
e) Referral to other facilities within the SDN, as applicable for services not included in the standards set in this provision, such as BTL, IUD insertion, NSV and high-risk pregnancies;
f) Recognition, recording, reporting and referral of VAWC cases; and
g) Other reproductive health services as mandated by the DOH.

Provided, That all Barangay Health Stations shall provide all services enumerated in this section by the end of CY 2014.

The services and information prescribed by this section shall be the responsibility of midwives, community health teams, and other barangay volunteers, as appropriate following applicable DOH standards.

Barangay Health Stations may provide additional services specified in the succeeding section on Other Primary Care Facilities as determined by the priority needs of its catchment.

Section 5.04 *Reproductive Health Care Services at Other Primary Care Facilities.* In addition to the reproductive health care services delivered by the BHS, other primary care facilities (such as Rural Health Units, among others) within the SDN shall provide services that include, but are not limited to the following:

a) Interpersonal communication and counseling on services that include but are not limited to:
    a. Infertility and referral to appropriate health care provider;

b. Adolescent counseling;
c. Post-partum depression, post-traumatic stress disorder, and other reproductive mental health concerns;

b) Procedures for modern artificial family planning such as IUD insertion and removal, DMPA injection;
c) Procedures, materials, and counseling for natural family planning;
d) Facility-based delivery;
e) Pre-natal and post-partum care;
f) Newborn care, including essential newborn care, collection of specimen for newborn screening, and referral to an appropriate facility for newborn hearing screening;
g) Integrated Management of Childhood Illness (IMCI);
h) Syndromic screening and treatment of RTIs and STIs;
i) Non-judgmental approach to recognizing, treating and referring post-abortion cases; and
j) Screening examinations such as visual inspection of the cervix using acetic acid wash (VIA), collection of Pap smear specimens, clinical breast exams, digital rectal examinations, among others.

Provided, That other primary care facilities shall also endeavor to provide, subject to the needs of the priority populations, the following services:

a) Procedures and/or referral for NSV, mini-laparotomy, insertion of sub-dermal implants, among others;
b) Reproductive mental health services according to guidelines to be developed by the DOH; and
c) Other reproductive health care services as mandated by DOH.

Provided further, That all other primary care facilities shall provide all services enumerated in this section by the end of CY 2014.

In order to provide these services, the staffing complement of the primary care facility shall include skilled health professionals relevant to reproductive health care as defined in DOH guidelines to be developed within sixty (60) days from the effectivity of these Rules. The LGUs may also involve other groups such as CSOs, among others, to provide related services.

To complement the support given by LGUs to primary care facilities within the SDN, the DOH may provide additional support such as the appropriate staff, equipment and health products needed in order to deliver the aforementioned services.

Private primary health care facilities within the SDN, such as, but not limited to, birthing homes, lying-in clinics, and infirmaries, shall provide basic emergency obstetric and neonatal care, and reproductive health care services in the context of their referral networks: *Provided, That* it shall be optional for primary care facilities owned and operated by a religious group to provide the full range of family planning methods.

The services and information prescribed by this section shall be the responsibility of the local health officer, public health nurse, or rural health midwife, as appropriate following applicable DOH standards.

Other Primary Care Facilities may provide additional services specified in the succeeding section on Hospitals as determined by the priority needs of its catchment.

Section 5.05 *Reproductive Health Care Services at Hospitals within the Service Delivery Network.* In addition to the services provided by primary care facilities, hospitals within the SDN shall provide reproductive health services, such as but not limited to the following:

a) Long-acting and permanent methods of modern family planning such as IUD insertion, Bilateral Tubal Ligation (BTL), and non-scalpel vasectomy (NSV), among others;
b) Basic Emergency Obstetric and Newborn Care services at Level 1 hospitals, *Provided That*, these hospitals shall provide CEmONC services by the end of CY 2015;
c) Comprehensive Emergency Obstetric and Newborn Care services at Level 2 and Level 3 hospitals; and
d) Non-judgmental approach to recognition and management of post-abortion complications.

Provided, That hospitals shall also endeavor to provide, subject to the needs of the priority populations, the following services:

a) Diagnostics and management of RTIs and STIs, including HIV;
b) A Women and Children Protection Unit to manage cases of VAWC;
c) Medical and surgical procedures for definitive management of breast and reproductive tract cancers, other gynecological conditions and disorders, and male reproductive health concerns, including provision of referral in complicated cases;
d) Basic diagnostics for infertility, such as but not limited to sperm count, ultrasound, with provision for referral to appropriate reproductive endocrinology/infertility treatment centers;
e) Specialist management of reproductive mental health conditions in accordance with DOH guidelines; and
f) Other reproductive health services as mandated by DOH.

Provided further, That all hospitals shall provide all services enumerated in this section by the end of CY 2015.

In order to provide these services, the staffing complement of the hospital shall include skilled health professionals relevant to reproductive health care as defined in DOH guidelines to be developed within sixty (60) days from the effectivity of these Rules.

To complement the support given by LGUs to hospitals within the SDN, the DOH may provide additional assistance such as the appropriate staff, equipment and health products needed to augment LGU efforts to deliver the aforementioned services.

Provided, That private hospitals within the SDN shall provide emergency obstetric and neonatal care, and reproductive health care services in the context of their referral networks: *Provided Further, That* it shall be optional for private non-maternity specialty hospitals and hospitals owned and operated by a religious group to provide the full range of family planning methods.

Section 5.06 *Engagement of Privately Owned Health Facilities and/or Private Skilled Health Professionals in the Service Delivery Network.* The DOH and/or LGUs may engage privately-owned hospitals and other health facilities as well as private skilled health

professionals to become members of the Service Delivery Network. The engagement shall be on a voluntary basis through contracts subject to DOH guidelines. Private facilities and skilled health professionals may receive referrals and patients from other facilities within the SDN: *Provided, That* these engaged private facilities and skilled health professionals shall comply with the provisions of these Rules, as well as the Other Provider Payment Guidelines for indigents as provided for in Section 34-A of R.A. No. 7875, as amended.

Within sixty (60) days from the effectivity of these Rules, the DOH shall develop specific guidelines for the engagement of private health facilities and private skilled health professionals as members of the Service Delivery Network.

Section 5.07 *Family Planning Services at Establishments or Enterprises*. Pursuant to Article 134 of the Implementing Rules and Regulations of the Labor Code, as amended, establishments which are required by law to maintain a clinic or infirmary shall provide free family planning services to their employees which shall include, but not be limited to, the application or use of contraceptive pills and intrauterine devices.

Within sixty (60) days from the effectivity of these Rules, the DOH shall coordinate with the Department of Labor and Employment to review, develop, and/or prescribe incentive bonus schemes for establishments or enterprises to make family planning services available to female workers.

Section 5.08 *Referral to Facilities within the Service Delivery Network.* If the health facility within the SDN is unable to provide the reproductive health care service required by the client, the facility shall refer the client, within the same consultation hour, to another facility within the SDN that can deliver the required services. The referring facility shall include in its referral letter the requested services and reason for referral. The DOH, in coordination with the LGUs, shall review existing local health referral systems for compliance with this provision.

Each facility shall prepare a summary report of its referrals to other facilities and the reasons for referral, to be submitted quarterly to the DOH as part of monitoring and evaluation of the SDN. These reports shall provide a basis for identifying service delivery gaps and necessary support needed by facilities within the SDN.

Within sixty (60) days from the effectivity of these Rules, the DOH shall develop specific guidelines for the summary report of referrals.

Section 5.09 *Mapping the Available Facilities in the Service Delivery Network.* The DOH, through the CHDs, in coordination with the LGU, shall identify the health care facilities, both public and private, that are capable of delivering reproductive health care services. The mapping of the health facilities shall include the following information:

a) Facility license;
b) PhilHealth accreditation status;
c) Available reproductive health care services within the facility;
d) Range, schedule, and cost of services;
e) Bed capacity of the facility;
f) Case load and case mix;
g) Average travel time using the most common means of transportation from the areas of farthest residence of patients to the facility; and

h) Other factors as determined necessary by DOH.

Within sixty (60) days from the effectivity of these Rules, the DOH shall develop specific guidelines for the mapping of available facilities with reproductive health care services within the Service Delivery Network.

Section 5.10 *Identifying the Needs of Priority Populations within the Service Delivery Network.* The DOH, through the CHDs, in coordination with the LGU, shall identify the needs of priority populations within the SDN for reproductive health care. The identification of needs for reproductive health care shall consider the following:

a) Number of women, men and couples with needs for reproductive health care and the gaps in the provision of reproductive health care ;
b) Poor as identified by NHTS-PR or other complementary government measures of marginalization;
c) Means and accessibility of transport from population areas to health care facilities within the SDN;
d) Presence of geographically isolated and depressed areas; and
e) Other factors as determined necessary by DOH.

Within sixty (60) days from the effectivity of these Rules, the DOH shall develop specific guidelines for the mapping of priority populations within the Service Delivery Network.

Section 5.11 *Designating Populations to Facilities within the Service Delivery Network.* Priority populations shall be matched to available health facilities within the network. The designation of facilities to serve a particular population shall be based on the following criteria:

a. Designated facility must be within one (1) hour travel time using a typical mode of transportation;
b. If there is no facility within one (1) hour travel time, the nearest and most conveniently accessible facility shall be designated for the population;
c. Designated facility must be PhilHealth-accredited; and
d. Other criteria as determined by DOH.

Within sixty (60) days from the effectivity of these Rules, the DOH shall develop specific guidelines for designating priority populations to health care facilities within the Service Delivery Network.

Section 5.12 *Mobile Health Care Service.* The national or the local government may provide each provincial, city, municipal, and district hospital with a Mobile Health Care Service (MHCS) in the form of a van or other means of transportation appropriate to its terrain taking into consideration the health care needs of each LGU.

The MHCS shall be exclusively used in the delivery of health care goods and integrated services to its constituents, more particularly to the poor and needy, as well as disseminate knowledge and information on reproductive health. The MHCS shall be operated by skilled health providers and adequately equipped with a wide range of health care materials and information dissemination devices and equipment, the latter including, but not limited to, a television set for audio-visual presentations.

Section 5.13 *Standards of Mobile Health Care Service providers*. The DOH shall develop standards for MHCS providers. These standards shall define:

a) Services that shall be delivered through the MHCS. These may include, but are not limited to:
    1. Interpersonal communication and counseling (IPCC) services on sexuality and reproductive health, family planning, safe motherhood, adolescent health and reproductive health, STIs, HIV/AIDS, breast and reproductive tract cancers, other gynecologic conditions, and Violence Against Women and Children (VAWC);
    2. Health education and information dissemination on responsible parenthood and reproductive health;
    3. Preventive services on reproductive health which include Cancer screening and detection (breast/cervical cancer);
    4. Dispensing or distribution of family planning health products;
    5. Family planning procedures, which may include IUD insertion, mini-laparotomy under local anesthesia, and NSV, among others; and
    6. Other services as determined necessary by the DOH;
b) Staffing complement for the MHCS;
c) The training curriculum for MHCS service delivery; and
d) Other standards as determined by the DOH.

Within sixty (60) days from the effectivity of these Rules, the DOH shall develop, guidelines for the implementation of this provision including the licensing of MHCS.

Section 5.14 Assistance for Mobile Health Care Service Vehicles. The DOH may provide support for MHCS vehicles, Provided, That:

a) There is a request from the LGU for assistance to acquire an MHCS based on a significant number of poor as determined by NHTS-PR or other government measures of marginalization, to have geographically isolated or depressed areas, and to have health facilities that are insufficient or inaccessible to a significant proportion of the population;
b) The MHCS shall be based in a hospital or primary care facility operated by the LGU;
c) The LGU provides, as counterpart, the staffing requirements, maintenance and other operating expenditures of the MHCS; and
d) Other criteria as determined necessary by DOH are met.

Within sixty (60) days from the effectivity of these Rules, the DOH shall develop guidelines for the implementation of this provision.

Section 5.15 All MHCS shall be operated and maintained by LGUs of provinces and highly urbanized cities: (13) *Provided, That* cities and municipalities may also operate MHCS: *Provided further, That* private entities and CSOs may finance and operate their own MHCS subject to DOH guidelines.

Section 5.16 *Health Care Facilities.* Each LGU, upon its determination of the necessity based on well-supported data provided by its local health office shall endeavor to establish or upgrade hospitals and facilities with adequate and qualified personnel, equipment and supplies to be able to provide emergency obstetric and newborn care: *Provided, That*:

a) People in geographically isolated or highly populated and depressed areas shall have the same level of access and shall not be neglected by providing other means such as home visits or mobile health care clinics as needed; and
b) The National Government shall provide additional funding and other necessary assistance for the effective implementation of this provision.

Section 5.17 *Identification of Facilities for Establishment or Upgrading in Support of Reproductive Health Care.* Within sixty (60) days from the effectivity of this Rule, the DOH shall integrate and/or develop guidelines for the identification of health facilities for funding support. The guidelines shall consider the following:

a) Number of women with unmet need and/or gaps for reproductive health services;
b) Number of poor as identified by NHTS-PR or other government measures of marginalization;
c) Areas that are geographically isolated and/or depressed;
d) Projected demand for reproductive health care services;
e) Geographic and socioeconomic distribution of the area;
f) Presence of other private providers that may be engaged for service delivery;
g) Current bed or service capacity of existing health facilities;
h) Purpose of the proposed establishment or upgrading to meet service delivery licensing and accreditation standards as prescribed by the DOH or PhilHealth;
i) Capacity of the LGU to provide, as counterpart, the human resources to meet the staffing requirement of the health facility; and
j) Other factors as deemed relevant by the DOH.

Section 5.18 *Monitoring of Fund Utilization*. The DOH shall conduct regular monitoring of the utilization of funds for facility establishment or upgrading. LGUs shall regularly submit monitoring reports of physical accomplishments that shall include objective and verifiable indicators of the progress of work including but not limited to photographs of the facilities being constructed and/or upgraded. Existing systems for monitoring and tracking shall be reviewed to implement this provision. Within sixty (60) days from the effectivity of these Rules, the DOH shall develop guidelines for the implementation of this provision.

Section 5.19 *Support to LGUs for Engaging Local Technical Assistance.* The DOH shall provide support to LGUs in accessing additional resources for the development of their health facilities, which includes but is not limited to infrastructure and equipment, through private sector partnerships, loans and grants from development partners, business sector engagements, and other similar means.

Section 5.20 *Monitoring and Evaluation of the Service Delivery Network.* Within sixty (60) days from the effectivity of these Rules, the DOH shall develop specific guidelines for monitoring and evaluating the effectiveness of the SDN. The assessment shall include, but is not limited to, factors such as:

a. Availability of quality services and health products;
b. Client awareness regarding responsible parenthood and reproductive health care;
c. Cultural preferences of priority populations;
d. Service utilization indicators;
e. Factors hindering utilization of services, such as lack of time, distance of facilities, or capacity of clients to pay;
f. Conduct of health providers; and
g. Other factors as deemed necessary by DOH.

Provided, That a baseline of the above factors shall be determined as part of monitoring and evaluation.

Section 5.21 Family planning services shall likewise be extended by private health facilities to paying patients with the option to grant free care and services to indigents, except in case of non-maternity specialty hospitals and hospitals operated by a religious group, but have the option to provide such full range of modern family planning methods; *Provided further, That* these hospitals shall immediately refer the person seeking such care and services to another health facility which is conveniently accessible; *Provided finally*, *That* the person is not in an emergency condition or serious case as defined in Republic Act. No. 8344.

Section 5.22 *Exemption of Private Health Facilities from Providing Family Planning Services*. Private health facilities shall provide a full range of modern family planning methods to clients, unless the facility is owned and operated by a religious group, or is classified as a non-maternity specialty hospital, or all the skilled health professionals therein register themselves as conscientious objectors with the DOH, as part of their annual licensing and accreditation requirements.

In order to receive exemption from providing the full range of modern family planning methods, the health care facility must comply with the following requirements:

a) Submission of proof of hospital ownership and management by a religious group or its status as a non-maternity specialty hospital;
b) Submission to the DOH of an affidavit stating the modern family planning methods that the facility refuses to provide and the reasons for its objection;
c) Posting of a notice at the entrance of the facility, in a prominent location and using a clear/legible layout and font, enumerating the reproductive health services the facility refuses to provide; and
d) Other requirements as determined by the DOH.

Within sixty (60) days from the effectivity of these Rules, the DOH shall develop guidelines for the implementation of this provision.

Section 5.23 *Skilled Health Professional as a Conscientious Objector*. In order to be considered a conscientious objector, a skilled health professional shall comply with the following requirements:

a) Submission to the DOH of an affidavit stating the modern family planning methods that he or she refuses to provide and his or her reasons for objection;
b) Posting of a notice at the entrance of the clinic or place of practice, in a prominent location and using a clear/legible font, enumerating the reproductive health services he or she refuses to provide; and
c) Other requirements as determined by the DOH.

Provided, That skilled health professionals who are public officers such as, but not limited to, Provincial, City, or Municipal Health Officers, medical officers, medical specialists, rural health physicians, hospital staff nurses, public health nurses, or rural health midwives, who are specifically charged with the duty to implement these Rules cannot be considered as conscientious objectors.

Within sixty (60) days from the effectivity of these Rules, the DOH shall develop guidelines for the inventory of reproductive health care services offered in the health care facilities.

Section 5.24 *Duty of Exempted Facilities and/or Conscientious Objectors to Refer.* In the event that a private health care facility invokes exemption, or a private health care provider conscientiously objects to provide certain methods of modern family planning services, the facility or provider shall, within the same consultation hour, refer the patient seeking care and/or services to another specific provider and/or facility that is conveniently accessible and can provide the requested services; *Provided, That* the patient is not in an emergency or serious case as defined in RA 8344.

Section 5.25 *Reproductive Health Officer.* All facilities within the SDN shall designate one of the skilled health professionals on duty as the Reproductive Health Officer (RHO) of the day. The RHO shall perform the following duties and responsibilities:

a) Serve as point person for clients interested in receiving responsible parenthood information;
b) Serve as point person for clients interested in receiving reproductive health services;
c) Navigate patients interested in receiving reproductive health services to appropriate service providers within the facility;
d) Deliver reproductive health services and procedures as may be applicable;
e) Accomplish referral forms for patients who wish to avail of reproductive health services not available within the facility; and
f) Other duties and responsibilities as determined by the DOH.

Section 5.26 *Community Health Teams*. Community health teams (CHTs) as provided for in DOH Department Memorandum No. 2011-0286 shall increase the awareness and recognition of health risks among families, promote healthy behaviors, and prompt individuals to seek and utilize reproductive health care services. CHTs shall also link and navigate families to health care providers by providing key health messages and assisting in their preparation and planning for future health service availment.

Section 5.27 *Gender-Sensitive Handling of Clients.* As relevant to their specialization, health care providers shall be provided with training on gender-sensitive handling of clients to ensure non-judgmental and humane delivery of all reproductive health care services and information.

Section 5.28 *Training for Counseling and Referral of Adolescents.* The DOH shall develop a curriculum to train skilled health professionals in counseling about adolescent reproductive health, determining age- and development-appropriate methods or services, and referring adolescents to the appropriate facilities within the reproductive health care SDN.

Section 5.29 *Engagement of Institutions for Reproductive Health Research.* The DOH shall engage institutions for the development of clinical practice guidelines, treatment protocols, and implementation strategies to improve utilization rates and reduce unmet need for reproductive health care services. These institutions shall receive and analyze monitoring reports for an annual presentation of findings and recommendations to the DOH.

RULE 6 – Hiring and Engagement of Skilled Health Professionals

Section 6.01 *Hiring of Skilled Health Professionals for Maternal Health Care and Skilled Birth Attendance.* The LGU shall endeavor to hire an adequate number of nurses, midwives and other skilled health professionals for maternal health care and skilled birth attendance to achieve an ideal skilled health professional-to-patient-ratio taking into consideration DOH targets; *Provided, That* people in geographically isolated or highly populated and depressed areas shall be provided the same level of access to healthcare; *Provided further, That* the National Government shall provide additional and necessary funding and other necessary assistance for the effective implementation of this provision.

Section 6.02 *Determining the Adequate Number of Skilled Health Professionals.* Within sixty (60) days from the effectivity of these Rules, the DOH, in consultation with LGUs, shall develop guidelines to determine the ideal number of skilled health professionals to meet its annual targets for maternal health care and skilled birth attendance. These guidelines shall take into consideration the following:

a) Estimated number of live births;
b) Geographic and socioeconomic distribution of the area;
c) Presence of public and private providers that may be engaged for service delivery;
d) Number of currently employed midwives and nurses; and
e) Other factors as deemed relevant by the DOH.

Every year, the DOH shall publish these targets to inform and guide the planning and budgeting process at the national and local levels.

Section 6.03 *Contracting of Midwives and Nurses.* The DOH may provide support to LGUs upon request in order to meet the adequate number of skilled health professionals through the contracting and deployment of midwives and/or nurses from the private sector; *Provided, That*:

a) The existing number of public midwives and/or nurses is inadequate to meet the needs of the poor as identified by NHTS-PR or other government measures of marginalization, or the LGU has areas that are geographically isolated and depressed;
b) All existing and available plantilla positions for midwives and/or nurses have been filled, and the opportunities provided under Sec. 325 (a) of the Local Government Code have been exhausted;
c) The LGU shall provide as counterpart the transportation, lodging and miscellaneous expenses related to the duties of the midwives or nurses deployed by the DOH; and
d) Other requirements as deemed necessary by DOH.

Within sixty (60) days from the effectivity of these Rules, the DOH shall develop operational guidelines for the contracting of midwives and nurses in consideration of the above criteria, among others.

Section 6.04 *Clinical Competency Training for the Service Delivery Network.* The DOH, in coordination with LGUs, shall ensure that all skilled health professionals within the SDN possess the clinical competencies required to deliver the reproductive health services included in their facility.

Within three (3) months from the effectivity of these Rules, the DOH, in coordination with the LGU, shall determine the baseline competencies of currently engaged skilled health

professionals. Skilled health professionals that do not meet the minimum clinical competency standards must complete the required training modules within one (1) year of the assessment survey.

The DOH shall ensure the training of the SDN skilled health professionals to meet the required clinical competencies. The DOH may certify specific institutions, whether from the government or from the private sector, to deliver training services. Training costs, which may be funded by the DOH or other sources including LGUs, shall include the facilitators, information materials, resource speakers, and venue reservation. As counterpart, the LGU shall shoulder the transportation and living expenses of the SDN skilled health professionals during the training.

Section 6.05 *In-service Training for Resident Physicians.* The DOH shall develop guidelines to deploy physicians graduating from residency training programs in government hospitals for in-service training programs in LGU hospitals that require specialists.

Section 6.06 *Comprehensive Emergency Obstetric and Newborn Care Training for Physicians.* The DOH shall develop a certification and training curriculum for physicians to provide comprehensive emergency obstetric and newborn care training in hospitals without obstetricians and pediatricians, among others.

Section 6.07 *Capacity Building of Barangay Health Workers (BHWs).* The DOH shall be responsible for disseminating information and providing training programs to the LGUs. The LGUs, with the technical assistance of the DOH, shall be responsible for the training of BHWs and other barangay volunteers on the promotion of responsible parenthood and reproductive health. The DOH shall provide the LGUs with medical supplies and equipment needed by BHWs to carry out their functions effectively: *Provided further, That* the national government shall provide additional and necessary funding and other necessary assistance for the effective implementation of this provision including the possible provision of additional honoraria for BHWs.

Section 6.08 *IPCC Skills Development for BHWs.* The DOH, in coordination with LGUs shall integrate in the training of BHWs skills development on interpersonal communication and counseling (IPCC) on responsible parenthood and reproductive health.

Section 6.09 *SBCC Materials.* The DOH shall ensure that LGUs are provided with adequate and updated social and behavioral change communication (SBCC) materials such as but not limited to flipcharts, brochures, pamphlets, modules, other printed materials and audio-visual aids or technologies on responsible parenthood and reproductive health that can be utilized by BHWs in carrying out their functions effectively and as may be appropriate in their respective localities.

Section 6.10 *Technical Assistance for Engagement of Private Providers.* The DOH shall provide technical assistance for LGUs in the engagement mechanisms of private skilled health professionals to meet DOH targets. Technical assistance may include, but is not limited to, development of a Memorandum of Agreement with private clinics, private midwives, and other private health providers that shall allow for the provision of no-balance billing for skilled birth attendance for indigent patients.

Section 6.11 *Pro Bono Services for Indigent Women.* Private and nongovernment reproductive healthcare service providers including, but not limited to, gynecologists and obstetricians, are encouraged to provide at least forty-eight (48) hours annually of reproductive health services, ranging from providing information and education to rendering medical services, free of charge to indigent and low-income patients as identified through the NHTS-PR and other government measures of identifying marginalization, especially to pregnant adolescents. The forty-eight (48) hours annual pro bono services shall be included as a prerequisite in the accreditation under the PhilHealth.

Section 6.12 *Affidavit Attesting to Pro Bono Service.* For purposes of the above provision, the healthcare service providers involved in the provision of reproductive health care shall submit as part of requirements for PhilHealth accreditation a duly notarized Affidavit attested to by two witnesses of legal age, following the format to be prescribed by PhilHealth, stating the circumstances by which forty-eight (48) hours of pro bono services per year have been rendered. The same shall be submitted to PhilHealth along with the other requirements for accreditation.

Section 6.13 *Specification of Pro Bono Services.* Reproductive health care services that may be provided pro bono shall be according to the definition of reproductive health care in Section 3.01 of these Rules. Services for which PhilHealth reimbursement is being or shall be applied for by the healthcare provider shall not be counted as part of the forty-eight (48) hour requirement for pro bono services.

RULE 7– Drugs, Supplies, and Health Products Standards

Section 7.01 *The Philippine National Drug Formulary System and Family Planning Supplies.* The National Drug Formulary shall include hormonal contraceptives, intrauterine devices, injectables and other safe, legal, non-abortifacient and effective family planning products and supplies.

The Philippine National Drug Formulary System (PNDFS) shall be observed in selecting drugs including family planning supplies that will be included or removed from the Essential Drugs List (EDL) in accordance with existing practice and in consultation with reputable medical associations in the Philippines. For the purpose of this Act, any product or supply included or to be included in the EDL must have a certification from the FDA that said product and supply is made available on the condition that it is not to be used as an abortifacient.

These products and supplies shall also be included in the regular purchase of essential medicines and supplies of all national hospitals: *Provided further, That* the foregoing offices shall not purchase or acquire by any means emergency contraceptive pills, postcoital pills, abortifacients that will be used for such purpose and their other forms or equivalent.

Section 7.02 *Inclusion in the Essential Drugs List.* Family planning supplies such as drugs, devices, or products requiring FDA registration or authorization as defined by Republic Act 9711shall be procured by the DOH, subject to their inclusion in the Essential Drugs List (EDL) list of the Philippine National Drug Formulary (PNDF). Within thirty (30) days from the effectivity of these Rules, the Formulary Committee of the Philippine National Formulary System, in consultation with relevant medical associations shall identify the medicines or

devices to be included in or excluded from the EDL using the guidelines and criteria set within DOH AO 2012-0023, or any other existing/subsequent DOH guidelines as may be applicable.

Section 7.03 *Drugs, Medicines, and Health Products Already in the EDL.* Drugs, medicines, and health products for reproductive health services already included in the EDL as of the effectivity of these Rules shall remain in the EDL, pending FDA certification that these are not to be used as abortifacients.

Section 7.04 *FDA Certification of Family Planning Supplies.* The FDA must certify that a family planning drug or device is not an abortifacient in dosages of its approved indication (for drugs) or intended use (for devices) prior to its inclusion in the EDL. The FDA shall observe the following guidelines in the determination of whether or not a drug or device is an abortifacient:

a) As defined in Section 3.01 of these Rules, a drug or device is deemed to be an abortifacient if it is proven to primarily induce 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;
b) The following mechanisms do not constitute abortion: the prevention of ovulation; the direct action on sperm cells prior to fertilization; the thickening of cervical mucus; and any mechanism acting exclusively prior to the fertilization of the egg by the sperm;
c) In making its determination, the FDA shall use the best evidence available, including but not limited to: meta-analyses, systematic reviews, national clinical practice guidelines where available, and recommendations of international medical organizations;
d) In the presence of conflicting evidence, the more recent, better-designed, and larger studies shall be preferred, and the conclusions found therein shall be used to determine whether or not a drug or device is an abortifacient; and
e) Should the FDA require additional expertise in making its determination, an independent evidence review group (ERG) composed of leading experts in the fields of pharmacodynamics, medical research, evidence-based medicine, and other relevant fields may be convened to review the available evidence. The FDA shall then issue its certification based on the recommendations of the ERG.

Section 7.05 *Drugs, Supplies, and Products with Existing CPRs.* Upon the effectivity of these Rules, all reproductive health care drugs, supplies, and products that have existing Certificates of Product Registration (CPR) from the FDA shall be provided certifications stating that they do not cause abortion when taken in dosages for their approved indications.

Section 7.06 *Standards and Quality Assurance*. The FDA shall harmonize health standards for contraceptive drugs and medical devices with other countries with respect to product development, effectiveness, safety, packaging and quality control, instructions for use, consumer protection, and product availability.

Section 7.07 *Technical Requirements for Family Planning Products*. Technical requirements for applications for product registration shall include a product insert or information leaflet for the consumers and health care providers. Appropriate information for the consumers, as determined by the FDA, shall be written in Filipino and/or local dialects, as appropriate. The

text or wording shall be in layman's terms. Graphics shall be used as appropriate for emphasis or guidance of the consumer using the product.

At a minimum, the information on the insert or leaflet for consumers or health professional or worker shall include the name of the product, pharmacological category (when applicable), use or indication, proper use, contra-indications and any precaution or health warning, and possible side effects and potential health risks. Side effects, adverse effects and other possible health effects shall be clearly described. The importance of avoiding pregnancy for health or other reasons shall likewise be included in the label.

Within thirty (30) days from the effectivity of these Rules, the FDA shall develop guidelines for the implementation of this provision.

Section 7.08 *Provision of Product Information.* The FDA shall provide the public access to information regarding a registered reproductive health product. Among others, the FDA shall post in its website all approved reproductive health products (generic and branded) with all relevant information relevant to proper use, safety and effectiveness of the product, including possible side effects and adverse reactions or events. As appropriate, the FDA shall issue an advisory to inform the consumers about relevant developments regarding these products.

Section 7.09 *Post-Marketing Surveillance*. All reproductive health products shall be subjected to Post-Marketing Surveillance (PMS) in the country. The PMS shall include, but is not limited to: examining the health risk to the patient, and the risk of pregnancy because of contraceptive failure.

The FDA shall have a sub-unit dedicated to reproductive health products under the Adverse Drug Reaction Unit who will monitor and act on any adverse reaction or event reported by consumers and health professional or workers. The system for reporting adverse drug reactions/events shall include on-line reporting at the FDA and DOH website, along with established reporting mechanisms, among others.

Companies with registered products shall be required to have a Post-Marketing Surveillance department, division, section, unit, or group that will monitor and investigate all health-related reactions or risks, or failure of the product to prevent pregnancy.

Section 7.10 *Product Monitoring.* To ensure the stability, safety, and efficacy of reproductive health products, the FDA shall oversee the provider and/or distributor's compliance with proper distribution, storage, and handling protocols. This shall be done in coordination with private or public reproductive health programs, and the company providing the supplies. The FDA inspectors shall inspect outlets for proper storage and handling of products and supplies, and act on complaints in the field in coordination with the office of the Deputy-Director General for Field Office.

Section 7.11 *Renewal of Product Registration.* In the renewal of product registration of reproductive health products, the FDA shall consider, among others, the following: the Adverse Drug Reaction / Adverse Event Reports, PMS reports, and studies on the safety and effectiveness conducted by the PMS unit of the product company.

Section 7.12 *Denial or Revocation of Product Registration.* After the careful evaluation of PMS data and other supporting evidence, the FDA shall deny or revoke the registration of

reproductive health products that are ineffective or have undesired side effects that may be found during testing, clinical trials and their general use.

RULE 8 – Drugs, Supplies, and Health Products Procurement

Section 8.01 *Procurement and Distribution of Family Planning Supplies.* The DOH shall procure, distribute to LGUs and monitor the usage of family planning supplies for the whole country. The DOH shall coordinate with all appropriate local government bodies to plan and implement this procurement and distribution program.

Section 8.02 *Supply and Budget Allotments.* The supply and budget allotments for family planning supplies shall be based on the current levels and projections of the following:

a) Number of women of reproductive age and couples who want to space or limit their children;
b) Contraceptive prevalence rate, by type of method used;
c) Cost of family planning supplies; and
d) Other relevant, objective, and needs-based criteria as determined by the DOH.

The DOH shall develop a methodology to determine the number of women with unmet need for modern family planning, prioritizing the poor as identified by the NHTS-PR or other government procedures of identifying marginalization, which shall be consistent with the above-set criteria. (10, modified)

Health products shall be procured according to the estimated needs of identified populations based on the preferred method mix per age group, as determined by data on observed health-seeking behaviors using the most recent demographic health survey or its equivalent, or by comparable scientific methods as deemed appropriate by the DOH.

The DOH, for planning and budgeting purposes, shall also take into account the procurement of drugs, supplies, and health products at the LGU level. The local availability of reproductive health product stocks, strength of the private sector market, LGU commodity self-reliance activities, and the health product assistance of development partners, shall be considered as factors in the procurement of supplies for that locality.

Section 8.03 *Review of Existing Guidelines.* Within thirty (30) days from the effectivity of these Rules, the DOH shall review its existing guidelines for the procurement and distribution of reproductive health supplies and products including life-saving drugs, and shall issue new guidelines that are consistent with these Rules.

Section 8.04 *Manner of Procurement.* The procurement of reproductive health supplies and products shall be in accordance with Republic Act 9184 and its amended implementing rules and regulations.

In order to promote efficiency and effective supply management strategies, the DOH and/or the relevant procuring entities may use alternative modes of procurement apart from competitive bidding, as provided for in Art. XVI, Sec. 48 of RA 9184.

Section 8.05 *Donated Supplies and Health Products.* The DOH may acquire reproductive health supplies and/or products from development partners and agencies. The donor

organization shall coordinate with the DOH to ensure that the proper and needed supplies are provided. These donations are subject to agreements with the DOH, as well as certification from the FDA ensuring its safety and non-abortifacient use. These goods shall be considered in determining the total health product requirements for the next procurement cycle.

Section 8.06 *Markings of "Not for Sale"*. All drugs, supplies, and health products procured or acquired by the DOH and LGUs with the intent to be distributed at no out of pocket cost to clients shall be clearly stamped on its box or packaging with an indelible marking containing the words "Not for Sale" (without quotation marks). The marked words shall be translated to the dominant local language where the drugs, supplies, or health products shall be distributed.

Section 8.07 *Monitoring of Procurement*. The DOH shall ensure that beginning calendar year 2014, the procurement of reproductive health supplies and products shall be tracked and monitored through a computerized procurement system from procurement planning to contract implementation or the actual delivery of goods by the supplier-awardee of the procurement contract and the receipt of said goods in good condition by, and based on the specifications or requirements of the procuring entity.

Section 8.08 *Logistics Management.* The DOH shall be responsible for the transportation, storage, and distribution of reproductive health products and supplies to their respective destinations. Upon delivery to the local government units, the respective provincial, city, and/or municipal health officers shall assume responsibility for the supplies and shall ensure their prompt, continuous, and equitable distribution to all the applicable hospitals, health centers, or clinics within their respective areas of responsibility, taking into consideration existing storage facilities and other factors that may hinder the effective distribution/use of the said supplies.

The DOH shall designate a regional officer to oversee the supply chain management of reproductive health supplies and/or health products in his or her respective area, as assigned by the DOH. The officer shall promote speedy and efficient delivery of supplies, with the end goal of expedited distribution of quality-checked health products to the local government units. Towards this end, innovations on logistics and supply management, such as direct delivery of goods to the points of distribution, consistent with the intent and scope of these Rules shall be encouraged.

Provided, That where practicable, the DOH or LGUs may engage non-government or private sector distributors to accomplish the intent of this provision subject to the provisions of applicable rules and regulations.

Within sixty (60) days from the effectivity of these Rules, the DOH shall issue guidelines for the implementation of this provision.

Section 8.09 *LGU-initiated Procurement*. An LGU may implement its own procurement, distribution and monitoring program consistent with these Rules and the guidelines of the DOH.

Section 8.10 *Tracking and Monitoring.* The DOH shall use a web-based logistics management information system that tracks and monitors all health products purchased or received and distributed to local health systems. The DOH shall develop guidelines to implement this provision within sixty (60) days from the effectivity of these Rules.

Section 8.11 *Reporting.* LGUs shall submit quarterly utilization reports of the reproductive health supplies and products provided by the DOH in order to guide future policy, procurement, and allocation decisions. The report shall contain a list of each family planning method, the amount of supplies received for each, the remaining stocks, and any other information as requested by the DOH. These shall be disaggregated down to the level of each hospital, health center and/or rural health units within the city or municipality. The report shall be submitted to the respective CHDs within two (2) weeks after the end of the quarter. The CHDs shall collate all data received, formulate a summary, and forward it to the DOH Central Office within four (4) weeks after the end of the quarter.

RULE 9 - Financing

Section 9.01 *Appropriations.* The amounts appropriated in the current annual General Appropriations Act (GAA) for reproductive health and natural and artificial family planning and responsible parenthood under the DOH and other concerned agencies shall be allocated and utilized for the implementation of R.A. 10354 and these Rules.

Such additional sums necessary to provide for the upgrading of facilities necessary to meet BEmONC and CEmONC standards; the training and deployment of skilled health providers; natural and artificial family planning commodity requirements as outlined in Section 8.02, and for other reproductive health and responsible parenthood services, shall be included in the subsequent years' general appropriations.

The Gender and Development (GAD) funds of LGUs and national agencies may be a source of funding for the implementation of the RPRH Act and these Rules in accordance with the GAD Planning and Budgeting Guidelines issued by the Philippine Commission on Women (PCW) and concerned agencies.

Section 9.02 *Determination of Financing Requirements.* Financing requirements shall be quantified using the following:

a) Estimated number of potential beneficiaries according to relevant population-based national surveys, with consideration to poverty incidence where applicable, among others;
b) Prevailing market cost of evidence-based and effective interventions according to current established standards of clinical or public health practice;
c) Time period of service delivery; and
d) Other evidence-based and easily quantifiable factors to be prescribed by the DOH.

Section 9.03 *Funds for Enhancing Capacities of Health Facilities.* The DOH through its various funding programs, may provide funding upon request of LGUs for LGU-designated health facilities for skilled birth attendance, emergency obstetric and newborn care and other relevant capacities to implement the RPRH Act: *Provided, That* additional funding shall only be allocated upon verification that no less than sixty (60) percent of previous Health Facility Enhancement Program (HFEP) or other funding allocations, if any, for the applicant LGU have been obligated.

Section 9.04 *Funding for Public Awareness.* The funds for the implementation of provisions on Public Awareness, health promotion, and Communication shall be included in the annual budget of the DOH, other concerned national agencies, and local government units.

Section 9.05 *Funding for Responsible Parenthood and Reproductive Health Education*. The funds for the implementation of provisions on reproductive health education shall be included in the annual budget of the Department of Education, Commission on Higher Education (CHED), Technical Education And Skills Development Agency (TESDA), and other concerned agencies.

Section 9.06 *PhilHealth Financing of Reproductive Health Care Services.* Consistent with Sec. 10 (Benefit Package) of RA 7875 as amended, within one (1) year from the effectivity of these Rules, PhilHealth shall review and/or develop guidelines for financing and/or reimbursement of reproductive health services. These shall include financing and/or reimbursement for the administration of life-saving drugs by midwives or nurses during emergencies and in the absence of a physician; possible sources of financing for reproductive health product procurement; and financing for services rendered by mobile health care service providers, among others.

Section 9.07 *PhilHealth Benefits for Serious and Life-Threatening Reproductive Health Conditions.* All serious and life-threatening reproductive health conditions such as HIV and AIDS, breast and reproductive tract cancers, and obstetric complications, and menopausal and post-menopausal-related conditions shall be given the maximum benefits, including the provision of Anti-Retroviral Medicines (ARVs), as provided in the guidelines set by the Philippine Health Insurance Corporation (PhilHealth).

Section 9.08 *Reports on Financial Risk Protection.* The PhilHealth President shall annually submit to its Board of Directors a report of how its benefit packages provide financial risk protection for serious and life-threatening reproductive health conditions. The report shall include measures such as, among others, utilization rates and support value. On the basis of the report, PhilHealth shall propose measures to improve existing benefit packages or introduce new ones.

CHAPTER 3 – Public Awareness and Education

RULE 10 – Public Awareness, Promotion, and Communications

Section 10.01 *Public Awareness, Promotion, and Communication.* The DOH and the LGUs shall initiate and sustain a heightened nationwide multimedia-campaign to raise the level of public awareness on the protection and promotion of responsible parenthood and reproductive health and rights including, but not limited to, maternal health and nutrition, family planning and responsible parenthood information and services, adolescent and youth reproductive health, guidance and counseling and other elements of reproductive health care.

Section 10.02 *Development of a Health Promotion and Communication Plan*. Within six (6) months from the effectivity of these Rules, the DOH shall develop a comprehensive, inclusive, and evidenced-based health promotion and communication plan to raise the level of public awareness on the promotion of responsible parenthood and reproductive health and the protection of reproductive rights.

The health promotion and communication plan shall seek to increase the demand for and availment of high quality reproductive health care information and services at a nationwide scope, with consideration to the point of care between health care provider and client. Among other possible approaches to promotion, it shall specify the use of mass media for messages with general public audiences as well as interpersonal communication and counseling by health care providers and community volunteers. The health promotion and communication plan shall also specify monitoring and evaluation mechanisms, needed resources, and concrete timelines.

The development of the health promotion and communication plan shall involve a determination of the baseline status of reproductive health knowledge and preferences of intended audiences through a review, assessment of impact and outcome, and harmonization of existing communication strategies implemented by government agencies, development partners, and the private sector. Once the baseline is determined, performance indicators and targets shall be regularly updated based on the monitoring of results.

Section 10.03 *Messaging*. Messages for use in public awareness campaigns shall be evidence-based, values-based, culturally-sensitive and clear, in addition to being able to resonate with the audience. Complex ideas and concepts shall be promoted using messages that have been adjusted according to the intended audience, using channels of communication that may include among others traditional mass media (public relations, advertising, promotions), new media (digital, activation, mobile advertising, advocacy), or micro-media (customer relations, internal communications, word of mouth, experience).

Section 10.04 *Assistance from All Concerned Government Agencies.* Based on the health promotion and communication plan developed according to Section 10.02, all concerned government agencies shall assist the DOH and LGUs in initiating and conducting a sustained and heightened nationwide multi-media campaign from the baseline by:

a) Providing inputs in the development of specific sub-plans, standards and guidelines, as well as policies and programs in the conduct of the nation-wide campaign;
b) Incorporating the promotion of reproductive health and rights into existing government programs;
c) Providing technical assistance to local government units in promoting public awareness for reproductive health and reproductive rights;
d) Pursuing multi-media campaigns on specific elements of reproductive health or provisions of the Law that is under its jurisdiction; and
e) Providing funding support to the implementation of this campaign.

Provided, That the DOH shall continue implementing existing approved health promotion and communication strategies relevant to the provisions of these Rules pending the formulation of a comprehensive health promotion and communication plan for responsible parenthood and reproductive health.

Section 10.05 *Local Health Promotion and Communication Plans.* The LGUs shall likewise develop a comprehensive health promotion and communication plan applicable to their own respective situations, capacities and resources consistent with Section 10.02. The DOH and other concerned agencies through their regional offices may provide technical and other necessary assistance to the LGUs.

Section 10.06 *Review of the Health Promotion and Communication Plan.* Within sixty (60) days from the implementation of these Rules, the DOH shall develop guidelines for the regular monitoring, evaluation and review of existing health promotion and communication plans, including information and education materials, to ensure their effectiveness and relevance.

Health promotion and communication strategies and materials shall be reviewed annually at the national and local levels. For this purpose, the DOH shall develop as part of the comprehensive health promotion and communication plan a quantitative and qualitative reporting and assessment mechanism that will include tools and/or indicators to measure the relevance and effectiveness of strategies and materials. The result of the review and assessment shall be used in the enhancement of strategies and materials.

Section 10.07 *Private Sector and Civil Society Organization Involvement.* The private sector and civil society organizations are encouraged to actively participate in the promotion and/or communication of responsible parenthood and reproductive health, rights and concerns as part of people-centered programs to enhance the quality of life. Government agencies may engage the private sector in the implementation of these provisions through effective partnership and cooperation, subject to restrictions as may be provided for in applicable guidelines.

Section 10.08 *Multi-media Health Promotion and Communication Strategies***.** Health promotion and communication strategies shall include but not be limited to social and behavioral change communication (SBCC) materials, advocacy, and all forms of communication media such as television, radio, cinema, print, mobile technology, web-based and social media platforms, among others, accessible to appropriate intended audiences.

Section 10.09 *Interpersonal Communication.* Existing national and local government programs such as the Maternal Neonatal Child Health and Nutrition, Conditional Cash Transfer Program through its modules and the Family Development Sessions, Responsible Parenthood Program, among others, consistent with the identified communication objectives shall also be utilized for the implementation of communication strategies. Concerned agencies shall revise the design of these programs, if necessary, through corresponding issuances, to ensure the incorporation of these components.

Section 10.10 *Awards and Recognition*. Within sixty (60) days from the effectivity of these Rules, the DOH shall release guidelines concerning the awarding and recognition of individuals, institutions and local government units that meet and/or exceed the criteria set by DOH in the successful implementation of reproductive health care and responsible parenthood programs, as well as other indicators of successful distribution and increased utilization of reproductive health care products and services.

RULE 11 –Responsible Parenthood and Reproductive Health Education

Section 11.01 *Age- and Development-Appropriate Reproductive Health Education.* The State shall provide age- and development-appropriate responsible parenthood and reproductive health education to adolescents and school-age children which shall be taught by adequately trained teachers and educators in formal and non-formal educational system and integrated in relevant subjects such as, but not limited to, values formation; knowledge and skills in self-

protection against discrimination; sexual abuse and violence against women and children and other forms of gender based violence and teen pregnancy; physical, social and emotional changes in adolescents; women's rights and children's rights; responsible teenage behavior; gender sensitivity and development; population and development; responsible parenthood; and other reproductive health concepts:

Provided, That flexibility in the formulation and adoption of appropriate course content, scope and methodology in each educational level or group shall be allowed only after consultations with parents-teachers-community associations, school officials and other interest groups.

The Department of Education (DepEd) shall formulate a curriculum including concepts and messages on reproductive health, which shall be used by public schools. Private schools may adopt the DepEd curriculum or develop their own curriculum subject to approval by DepEd.

Section 11.02 *Curriculum Development.* Within sixty (60) days from the effectivity of these Rules, the DepEd shall develop a complete, accurate and relevant age- and development-appropriate curriculum on responsible parenthood and reproductive health, respectful of culture and religious convictions, for integration across all subjects, key areas, among others:

a) Rights of the Child;
b) Child Health and Nutrition;
c) Child and Adolescent Development;
d) Gender and Development;
e) Life skills;
f) Age-appropriate Sexuality Education;
g) Population and development;
h) Marriage and family;
i) Prevention of sexually transmitted infections, including HIV (as provided by RA 8504 or the Philippine AIDS and Control Act of 1998); and
j) Elimination of Gender-Based Violence.

Section 11.03 *Supportive School Environments.* Private and public schools, as avenues for development, shall provide young people a supportive environment where they have access to the following services with regards to teenage problems, among others:

a) Counseling and psycho-social support services;
b) Facilities for information on prevention of risky behaviors, including addiction;
c) Facilities for information on prevention and diagnosis and proper management/treatment of sexually transmitted diseases; and
d) Facilities for information and referral to service providers on all RPRH concerns.

Section 11.04 *Training for Educators.* To ensure the quality and relevance of teaching reproductive health education, DepEd shall likewise develop appropriate instructional materials and visual aids for teaching and shall undertake a comprehensive national and regional educators' training program to enable educators to develop appropriate knowledge and skills on responsible parenthood and reproductive health education and counseling.

These measures shall be focused on the development of the following outcomes for children, to include, among others:

a) Raising awareness on rights of the child to survival, development, participation and protection;

b) Providing them with scientifically-accurate and evidence-based information on the reproductive system;
c) Teaching them how to take proper care of their bodies and live a healthy lifestyle;
d) Developing health-affirming and health-promoting behaviors;
e) Developing informed choices in reproductive health; and
f) Developing their capacity to make intelligent options on how to live their life as they enter adulthood.

Section 11.05 *Integration of RPRH Curriculum into Formal, Non-Formal, and Indigenous Learning.* DepEd shall integrate the responsible parenthood and reproductive health education curriculum into its formal and non-formal education program and the indigenous learning systems. CHED, TESDA, and other concerned agencies shall likewise integrate this into its non-degree education programs; orientation, on-the-job training and in-service training, and extension programs for adult education. Instructional materials shall be developed for these purposes.

Section 11.06 *Inclusion of RPRH Education in TCP Activities.* DepEd shall include responsible parenthood and reproductive health education in the Teacher-Child-Parent (TCP) activities with the objective of ensuring that parents are likewise exposed to responsible parenthood and reproductive health education.

Section 11.07 *Sustainability.* In order to sustain the gains introduced by DepEd for school children, other concerned agencies and other stakeholders, shall be enjoined to provide programs and services to educate parents and/or guardians according to existing guidelines on responsible parenthood and reproductive health.

CHAPTER 4 – Governance

RULE 12 – Duties and Responsibilities

Section 12.01 *Duties and Responsibilities of the Department of Health.* The Department of Health (DOH) shall serve as the lead agency for the implementation of R.A. No. 10354. Its various bureaus, offices, units, and attached agencies as referred to in these Rules shall issue operational guidelines consistent therewith, within sixty (60) days from the effectivity of these Rules, unless otherwise specified.

Furthermore, the DOH shall:

a) Ensure people's access to medically-safe, non-abortifacient, legal, quality and affordable reproductive health goods and services by, among others, strengthening the capacities of health regulatory agencies to ensure the provision of reproductive health services and health products;

b) Secure resources to provide the reproductive health needs of all Filipinos, giving priority to the poor and the vulnerable;

c) Along with its attached agencies, fully and efficiently implement the reproductive health care program and integrate services in its regular operations; (19, modified)

d) Review and revise training curriculum and materials on responsible parenthood. The DOH shall also explore avenues such as but not limited to Family Development Sessions of the DSWD to conduct responsible parenthood and reproductive health seminars;

e) Develop and implement training programs for the barangay service point officers (BSPOs) on, among others, responsible parenthood, interpersonal communication and counseling (IPCC), demand generation and referral networks for modern family planning methods, and other skills needed in the promotion of responsible parenthood and reproductive health;

f) Ensure that within three (3) years from effectivity of these Rules, all health care facilities that provide reproductive health services have the infrastructure to enhance the mobility of PWDs in compliance with applicable provisions of Batas Pambansa 344 (An Act to Enhance the Mobility of Disabled Persons by Requiring Certain Buildings, Institutions, Establishments and Public Utilities to install Facilities and Other Devices), by including this in its annual licensing and accreditation requirements;

g) Develop plans, policies, standards, and guidelines for the implementation of the reproductive health care program, such as but not limited to the requirements for licensing of hospitals and health facilities that include reproductive health care services in consultation with LGUs and other stakeholders;

h) Reorganize the various programs on reproductive health into a unified bureau or office that shall have an organizational structure that corresponds to the functions of a) standards development, policy, planning and financing; b) capacity building; c) advocacy and communication; d) support to field operations; and e) monitoring and evaluation and knowledge management;

i) Formulate standards and develop information, education, communication, and advocacy strategies for the implementation of the reproductive health care program;

j) Establish networks and coordination mechanisms with other stakeholders such as other national government agencies, LGUs, CSOs, development partners and the private sector;

k) Facilitate the involvement and participation of CSOs and the private sector in reproductive health care service delivery and in the production, distribution and delivery of quality reproductive health and family planning supplies and health products to make them accessible and affordable to ordinary citizens;

l) Engage the services, skills and proficiencies of experts in natural family planning who shall provide the necessary training for all barangay health workers (BHWs);

m) Provide technical supervision and assistance to LGUs in the delivery of reproductive health care services and in the purchase of reproductive health drugs and products: *Provided, That* the DOH may complement LGU funding for the implementation of these rules;

n) Furnish LGUs, through their respective local health offices, appropriate information and resources to keep the latter updated on current studies and researches relating to family planning, responsible parenthood, breastfeeding and infant nutrition;

o) Prescribe and implement monitoring and evaluation strategies for the implementation of the responsible parenthood and reproductive health care program; and

p) Perform other functions to achieve the objectives of R.A. No. 10354.

Section 12.02 *Duties and Responsibilities of Local Government Units.* Since 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 constituents, local government units (LGUs) shall:

a) Ensure the provision, at the appropriate level of care, of the full range of responsible parenthood and reproductive health care services, including all modern family planning methods, both natural and artificial, to all clients regardless of age, sex, gender, disability, marital status or background;

b) Ensure that all public health facilities in the service delivery network have an adequate number of skilled health professionals for reproductive health care: *Provided, That* the cities and municipalities shall endeavor to provide BHSs, primary care facilities, hospitals and other public health facilities under their jurisdiction with adequate and qualified personnel; *Provided further, That* provinces shall ensure that all hospitals and other public health facilities under their jurisdiction have an adequate number of competent doctors, nurses, and other medical personnel for reproductive health care; *Provided finally, That* the national government shall provide additional and necessary funding and other necessary assistance to the effective implementation for this provision;

c) Ensure that all skilled health professionals assigned to public health facilities have appropriate training to provide the full range of reproductive health services; *Provided, That* cities and municipalities shall endeavor that all nurses and midwives assigned to public primary care facilities such as RHUs are given training and certification to administer life-saving drugs within one (1) year from the effectivity of these Rules;

d) Establish or upgrade all public health facilities in the Service Delivery Network; *Provided, That* all health facilities from the barangay health stations, primary care facilities and hospitals shall meet the standards set forth by these Rules; *Provided further, That* all provincial, district, and other tertiary hospitals are equipped with the necessary facilities and equipment, and adequate supplies to be able to provide emergency obstetric and newborn care, and that these hospitals shall provide a full range of reproductive health care services;

e) Ensure that barriers to reproductive health care services for PWDs are responded to within three (3) years from the effectivity of these Rules;

f) With the assistance of the DOH, map the available facilities in the Service Delivery Network set forth by these Rules;

g) Conduct a regular review or audit of the existing facilities, equipment, and personnel of all hospitals and other health facilities under its jurisdiction, in order for the local health office to effectively and efficiently allocate existing resources;

h) Respond to unmet needs and/or gaps as enshrined in Section 4.09 of these Rules;

i) For provinces and highly urbanized or independent component cities, develop and implement a comprehensive health promotion and communication plan applicable to the situation prevailing, and sensitive to the cultural and religious norms and traditions of their constituents, capacities, and resources of the LGU consistent with Section 10.02 of these Rules, *Provided, That* cities and municipalities shall coordinate with their respective provinces;

j) Conduct a comprehensive Maternal Death Review and Fetal and Infant Death Review in accordance with guidelines of the DOH. The review shall be used as basis for evidence-based programming and budgeting for a more comprehensive and responsive program on women's health and safe motherhood, in general, and responsible parenthood and reproductive health, in general;

k) Implement an effective and well-targeted distribution program of reproductive health products provided for by the DOH. The LGU may adopt its own procurement, distribution, and monitoring program for reproductive health products consistent with the provision of this act and the guidelines of the DOH;

l) Operate and maintain MHCS units to deliver health care goods and services particularly to its poor and marginalized constituents. The MHCS, which may be established in any hospital or other health facility under its jurisdiction, may take the form of a van or other means of transportation appropriate to the terrain, and shall be staffed by skilled health professionals. It shall also be adequately equipped with a wide range of health care materials and information dissemination devices and equipment, which shall include, among others, a television set for audio-visual presentations;

m) Issue a marriage license to applicants at the local civil registrar only upon the presentation of a Certificate of Compliance issued for free by the local Family Planning Office or Population Office, or by the City or Municipality Health Office in the absence of a local Family Planning Office, certifying that the applicants have duly received adequate instructions and information on responsible parenthood, family planning, breastfeeding and infant nutrition;

n) Strengthen or develop Pre-Marriage Counseling (PMC) programs or its equivalent as well as procedures related thereto, taking into account the relevant guidelines by DOH and POPCOM;

o) Appropriate funds for the implementation of the RPRH Act and incorporate the same in the annual budget of the local government. Such sums needed for the implementation of RPRH may be sourced from the Gender and Development (GAD) Funds: *Provided, That* LGUs follow the Gender and Development (GAD) planning

and budgeting guidelines issued by the Philippine Commission on Women and concerned agencies; and

p) Perform other functions to achieve the objectives of the RPRH Act.

Section 12.03 *Duties and Responsibilities of the Department of Social Welfare and Development (DSWD)*. The DSWD in support of the implementation of the RPRH Act and these Rules shall:

a) Synchronize and harmonize existing mechanisms in identifying poor and marginalized households and areas (e.g., NHTS-PR, NAPC609, CBMIS, etc.), in coordination with concerned agencies;
b) Regularly provide the DOH and LGUs with the updated list of poor identified through the NHTS-PR or other future means test methods prescribed by the DSWD as the primary source for identifying priority beneficiaries of responsible parenthood and reproductive health care programs;
c) Review and strengthen modules for family development sessions and other community-based programs for families to ensure incorporation of responsible parenthood and reproductive health concepts;
d) Facilitate retooling of service providers, particularly the local social welfare and development officers, through the DSWD field offices; and
e) Perform other functions to achieve the objectives of the RPRH Act.

Section 12.04 *Participation of Civil Society Organizations (CSOs) and the Private Sector*. In pursuit of a comprehensive and effective planning, implementation, monitoring and regulation system, the DOH may seek the assistance of representatives from civil society organizations, and other proponents from the private sector to help advocate, monitor or report violations of the provisions of these Rules. The DOH shall conduct regular stakeholders or partners' meetings, and similar advocacy activities to encourage the involvement and participation of CSOs and the private sector in the implementation of the RPRH Act.

The pertinent provisions of the Local Government Code on Local Development Councils and Local Health Boards shall serve as a guide to LGUs in encouraging participation of CSOs and the private sector in the reproductive health care service delivery and in the production, distribution and delivery of quality reproductive health and family planning supplies and health products to make them accessible and affordable.

To actively assist DOH and the LGUs in the implementation of the RPRH Act, CSOs through their different constituencies may:

a) Provide integrated and quality RPRH services in accordance with DOH standards to poor and vulnerable populations where government services are inadequate;
b) Model an RPRH service delivery that is holistic, rights-based, gender-responsive, and affordable;
c) Educate, organize, and capacitate the poor and vulnerable sectors towards self-reliance, mutual support/solidarity, and collective actions to address their health, including reproductive health, problems;
d) Generate public understanding of and support for RPRH information and services
e) Advocate policies and program-approaches that will further improve the access to, and effectiveness and equity of, RPRH programs;
f) Document, monitor, and report violations of the law;

g) Provide research, information, and technical support to DOH, LGUs, DSWD and other implementers of the law; and
h) Perform other functions to achieve the objectives of the RPRH Act.

Section 12.05 *Duties and Responsibilities of Corporate Citizens*. Corporate citizens shall exercise prudence in advertising its products or services through all forms of media, especially on matters relating to sexuality, further taking into consideration its influence on children and the youth.

RULE 13 – Oversight and Inter-Agency Integration

Section 13.01 *Congressional Oversight Committee on Responsible Parenthood and Reproductive Health Act.* There is hereby created a Congressional Oversight Committee (COC) composed of five (5) members each from the Senate and the House of Representatives. The members from the Senate and the House of Representatives shall be appointed by the Senate President and the Speaker, respectively, with at least one (1) member representing the Minority. The COC shall be headed by the respective Chairs of the Committee on Health and Demography of the Senate and the Committee on Population and Family Relations of the House of Representatives. The Secretariat of the COC shall come from the existing Secretariat personnel of the Senate and the House of Representatives committees concerned. The COC shall monitor and ensure the effective implementation of R.A. No. 10354, recommend the necessary remedial legislation or administrative measures, and shall conduct a review of R.A. No. 10354 every five (5) years from its effectivity. The COC shall perform such other duties and functions as may be necessary to attain the objectives of R.A. No. 10354.

Section 13.02 *Integration of Responsible Parenthood and Family Planning Component in Anti-Poverty Program.* A multidimensional approach shall be adopted in the implementation of policies and programs to fight poverty. Towards this end, the DOH shall implement programs prioritizing full access of poor and marginalized women as identified through the NHTS-PR and other government measures of identifying marginalization to responsible parenthood and reproductive health care services, products and programs. The DOH shall provide such programs, technical support, including capacity building and monitoring in coordination with National Anti-Poverty Commission (NAPC), among others.

RULE 14 – Maternal Death Review and Fetal and Infant Death Review

Section 14.01 *Maternal Death Review and Fetal and Infant Death Review.* All LGUs, national and local government hospitals, and other public health units including private health facilities within the SDN shall conduct an annual Maternal Death Review and Fetal and Infant Death Review in accordance with the guidelines set by the DOH. Such review should result in an evidence-based programming and budgeting process that would contribute to the development of more responsive reproductive health services to promote women's health and safe motherhood.

Section 14.02 *Conduct of Annual Maternal Death Reviews and Fetal and Infant Death Reviews at the Provincial and City Level.* Annual MDRs and FIDRs shall be conducted at the provincial level by the Provincial Health Office or at the city level by the City Health Office,

provided that the city is a highly urbanized city or an independent component city. The Provincial or City Health Review Team shall focus on the identification of systemic gaps and ensure that these are addressed by either the LGUs or by the DOH.

a) The Provincial Health Officer or the City Health Officer shall be the head of the Provincial or City Health Review Team (hereinafter referred to as the "Team"). The Team shall be composed of at least seven (7) members, including the PHO or CHO as the head. Members of the Provincial or City Health Review Team shall include but are not be limited to the following:
    i. Selected Municipal and/or City Health Officers;
    ii. Staff from selected health facilities under the management of the province or city;
    iii. Private practitioners or representatives from the local POGS and PPS;
    iv. One (1) CEmONC doctor from a CEmONC-capable facility;
    v. One (1) BEmONC doctor from a BEmONC-capable facility; and
    vi. Technical staff from the DOH Center for Health Development (CHD).

b) The design of the Annual Review shall focus on identifying the systemic gaps, clinical factors, and the institutional issues that contributed to the reported deaths, examples of which include, but are not limited to issues and concerns on human resources, blood services, emergency transportation arrangements, accessibility to health facilities, and availability of life-saving drugs. The Annual Review shall likewise be designed to solicit commitments from concerned stakeholders to pursue concrete action plans in addressing these issues and concerns.

c) Ideally, all cases are reviewed, unless the sheer volume of cases precludes the completion of a comprehensive review within a reasonable period. In such a situation, the Review Team may decide to review only a representative sample of cases. The mechanism of selecting cases to be reviewed shall be according to the guidelines set by the DOH.

d) Upon the completion of the Review, the Team shall develop a Provincial or City Maternal Death, and Fetal and Infant Death Intervention Plan that shall be used to address the gaps identified in the Review. The Team shall present the Intervention Plan to the Local Chief Executives for approval and implementation.

e) The conduct of the Annual Review and Intervention Plan shall be documented and reports shall be transmitted to the DOH on or before June of the succeeding year.

Section 14.03 *Scope of MDRs and FIDRs.* In order for the Provincial or City Health Teams to conduct an annual death review, the following shall be mandated to submit quarterly Maternal Death Reports, and Fetal and Infant Death Reports:

a) All provincial and city governments particularly the Provincial Health Office or the City Health Office;
b) Hospitals under the National Government that provide maternal and child health services, including DOH Retained Hospitals, military hospitals under the Department of National Defense, and training hospitals under the Commission on Higher Education or their respective charters;

c) Hospitals under the management of all local government units including the Autonomous Region for Muslim Mindanao that provide maternal and child health services;
d) Public health units that provide maternal and child health services which include but are not limited to puericulture centers, birthing centers, lying-in clinics, barangay health stations; and
e) Private health facilities that provide maternal and child health services which include but are not limited to hospitals and medical centers, lying-in clinics, and midwife-operated clinics.

Section 14.04 *Documentation and Investigation of Maternal, Fetal, and Infant Deaths.* All maternal deaths as well as fetal and infant deaths shall be documented and reported to the proper authorities as provided for in Section 14.02.

a) For deaths that happened in and/or were received by health facilities, including patients in transit using hospital-operated ambulances or vehicles, the documentation and reporting shall be the responsibility of the health professional who attended to or received the patient whether in a private or a public health care facility;
b) For deaths that happened outside health facilities, documentation and reporting shall be the responsibility of the Rural Health Midwife of the area where the death occurred. Barangay Health Workers and Community Health Teams may assist the midwife in carrying out this task. Documentation and reports shall be consolidated at the MHO level and transmitted to the Provincial Health Office.

Section 14.05 *Contents of Individual Maternal, Fetal, and Infant Death Reports.* Apart from the general profile of the patient, a report for purposes of the MDR or FIDR shall also contain pertinent information surrounding the cause of death (immediate, antecedent) and the circumstances surrounding the cause of death. Relevant documents including but not limited to death certificates, community health team reporting form, or facility death reporting form must be attached in the report. Other medical records that include, but are not limited to, information based on hospital charts, reports of laboratory findings and imaging studies shall be included in the medical records review form to be developed by the DOH.

Section 14.06 *Compilation of Maternal, Fetal, and Infant Death Reports.* Maternal death including fetal and infant death reports shall be compiled every quarter for further analysis. For deaths occurring at hospitals and health facilities, reports will be compiled at the level of the hospital administration by the medical records section, or its equivalent. For deaths occurring at home, reports shall be compiled at the level of the Municipal or City Health Offices. The reports shall be validated by the Municipal Health Officers or the City Health Officers to ensure their integrity and consistency. The compiled reports shall be submitted to the Provincial Health Office or City Health Office for the assessment of the MDR and FIDR Review Teams.

Section 14.07 *Conduct of Annual Maternal Death Reviews and Fetal and Infant Death Reviews at the National Level.* The DOH shall create a National MDR and FIDR Expert Review Panel that shall look into the practices at the point of care that may have affected the health of the mother, fetus, or infant indicated in the review made by each province or city.

The panel shall be composed of at least five (5) members, with two (2) coming from the DOH Central Office, specifically from the maternal and child health programs; and at least

three (3) from relevant professional societies including, but not limited to, obstetricians and gynecologists, pediatricians, and anesthesiologists.

The National MDR and FIDR Expert Review Panel shall be in charge of monitoring the implementation and outcome evaluation of the Provincial Intervention Plan. The Expert Review Panel shall also perform an implementation review of the conduct of the MDRs and FIDRs on an annual basis. All annual reports of the Expert Review Panel shall be submitted to the Secretary of Health on March of the succeeding year.

Section 14.08 *Private Sector Involvement of the MDR and FIDR.* All privately owned and operated hospitals and health facilities shall contribute to the conduct of MDR and FIDR by conducting a regular report of maternal, fetal, and infant deaths at their level and by regularly submitting reports to the Provincial Health Offices or City Health Offices.

Section 14.09 *Protocols and Templates for the Conduct of Maternal, Fetal, and Infant Death Reviews.* Protocols on the conduct of Maternal Death Reviews and Fetal and Infant Death Reviews at all levels, including forms, reporting, and consolidation templates shall be developed by the DOH within one (1) year from the effectivity of these Rules. Online monitoring systems shall be used by the DOH to implement this provision.

Section 14.10 *Funding Source for the Conduct of MDR and FIDR.* Expenses for the conduct of Annual MDRs and FIDRs at the provincial or city level shall be charged to funds of the LGUs, including the honoraria of the members of the Review Team. The conduct of the National MDR and FIDR Expert Review shall be funded by the DOH. Likewise, the DOH may provide financial assistance to the LGUs in the form of grants, sub-allotments, among others, as necessary.

RULE 15 – Reporting Requirements

Section 15.01 *Reporting Requirements.* Before the end of April each year, the DOH shall submit to the President of the Philippines and Congress an annual consolidated report, which shall provide a definitive and comprehensive assessment of the implementation of its programs and those of other government agencies and instrumentalities and recommend priorities for executive and legislative actions. The report shall be printed and distributed to all national agencies, the LGUs, NGOs and private sector organizations involved in said programs.

The annual report shall evaluate the content, implementation, and impact of all policies related to reproductive health and family planning to ensure that such policies promote, protect and fulfill women's reproductive health and rights.

Section 15.02 *Programs to be Reported.* The annual consolidated report shall include the documentation of reproductive health programs of government agencies. Information in the annual consolidated report shall include, among others:

a) Components of the programs related to reproductive health and responsible parenthood, which include program objectives, offices involved, procedures, timeline, areas of implementation, segment of population served, budgetary allotments, and expenditures;

b) Current implementation status of programs, which include the current phase, accomplishments, challenges, and projections;
c) Relevant studies and researches that may contribute to the improvement of the programs; and
d) Recommendations and plans in addressing challenges and improving performance status.

Section 15.03 *Streamlining of Reporting Procedures*. In the collection, collation, and processing of data for any and all reports required by these Rules, all DOH bureaus, offices, and units shall coordinate with one another and with other stakeholders to minimize the paperwork burden for field implementation units and workers. Preference shall be given to the use of electronic, portable, and real-time (where applicable) means of transferring information. Existing electronic tracking systems shall integrate reproductive health and responsible parenthood data, and shall be fully developed, functional, and linked with one another within two (2) years of effectivity of these Rules. These tracking systems include, but are not limited to the following:

a) Field Health Services Information System (FHSIS);
b) HIV/AIDS Registry;
c) PWDs Registry;
d) Cancer Registry;
e) Integrated Blood Bank Information System;
f) Health Facilities Enhancement Program Tracking System;
g) Web-based Public Assistance Information System;
h) Integrated DOH Licensing Information System;
i) BFAD Integrated Information System;
j) Expenditure Tracking System (ETS);
k) Integrated Procurement, Logistics, and Financial Management Information System;
l) National Online Stock Inventory and Reporting System (NOSIRS);
m) Procurement Operations Management Information System (POMIS);
n) National Human Resource for Health Information System (NHRHIS);
o) Hospital Operation and Management Information System (HOMIS);
p) Electronic Essential Drug Price Monitoring System; and
q) Online National Electronic Injury Surveillance System (ONEISS).

Additional electronic and real time monitoring systems may be developed and institutionalized as needed to assist in monitoring the programs under these Rules.

Each unit shall have designated personnel in charge of collecting, encoding, and transmitting data using the electronic and real-time system. The DOH shall conduct trainings as necessary to build the capacity of the designated staff.

Section 15.04 *Contribution of Other Agencies in Reporting.* - Other government and non-government agencies and units shall submit the following reports to the DOH for inclusion in the annual consolidated report:

a) The DSWD shall submit a report on its anti-poverty programs, highlighting the integration of responsible parenthood and reproductive health components;
b) The DepEd shall submit a report on the implementation of age- and development-appropriate reproductive health education;

c) The DILG shall ensure the submission of data and reports from LGUs;
d) LGUs shall regularly submit any and all relevant data and reports;
e) CSOs and private sector organizations involved in responsible parenthood and reproductive health shall also submit a regular report on their activities.

CHAPTER 5 – Prohibited Acts and Penalties

RULE 16 – Prohibited Acts

Section 16.01 The following acts are prohibited:

a) Any health care service provider, whether public or private, who shall:
    1. Knowingly withhold information or restrict the dissemination thereof, and/or intentionally provide incorrect information regarding programs and services on reproductive health including the right to informed choice and access to a full range of legal, medically-safe, non-abortifacient and effective family planning methods;
    2. Refuse to perform legal and medically-safe reproductive health procedures on any person of legal age on the ground of lack of consent or authorization of the following persons in the following instances:
        i. Spousal consent in case of married persons: *Provided, That* in case of disagreement, the decision of the one undergoing the procedure shall prevail; and
        ii. Parental consent or that of the person exercising parental authority in the case of abused minors, where the parent or the person exercising parental authority is the respondent, accused or convicted perpetrator as certified by the proper prosecutorial office of the court. In the case of minors, the written consent of parents or legal guardian or, in their absence, persons exercising parental authority or next-of-kin shall be required only in elective surgical procedures, and in no case shall consent be required in emergency or serious cases as defined in Republic Act No. 8344; and
    3. Refuse to extend quality health care services and information on account of the person's marital status, gender, age, religious convictions, personal circumstances, or nature of work: *Provided, That* the conscientious objection of a health care service provider based on his/her ethical or religious beliefs shall be respected; however, the conscientious objector shall immediately refer the person seeking such care and services to another health care service provider within the same facility or one which is conveniently accessible: *Provided further, That* the person is not in an emergency condition or serious case as defined in Republic Act No. 8344, which penalizes the refusal of hospitals and medical clinics to administer appropriate initial medical treatment and support in emergency and serious cases;

b) Any public officer, elected or appointed, specifically charged with the duty to implement the provisions hereof, who, personally or through a subordinate, prohibits or restricts the delivery of legal and medically-safe reproductive health care services, including family planning; or forces, coerces or induces any person to use such services; or refuses to allocate, approve or release any budget for reproductive health

care services, or to support reproductive health programs; or shall do any act that hinders the full implementation of a reproductive health program as mandated by this Act;

c) Any employer who shall suggest, require, unduly influence or cause any applicant for employment or an employee to submit himself/herself to sterilization, use any modern methods of family planning, or not use such methods as a condition for employment, continued employment, promotion or the provision of employment benefits. Further, pregnancy or the number of children shall not be a ground for non-hiring or termination from employment;

d) Any person who shall falsify a Certificate of Compliance as required in Section 15 of this Act; and

e) Any pharmaceutical company or health product/device manufacturer, whether domestic or multinational, or its agents or distributors, which directly or indirectly colludes with government officials, whether appointed or elected, in the distribution, procurement and/or sale by the national government and LGUs of modern family planning supplies, products and devices.

Section 16.02 *Definition of Health Care Providers.* Section 3.01 (s) and (oo) of these Rules defining public and private health care providers shall apply to the above provision.

Section 16.03 *DOH Internal Rules of Procedure for its Employees.* The DOH shall formulate and institutionalize internal rules of procedure for the resolution of administrative cases, including appeals for complaints against its employees, in accordance with Civil Service Commission Resolution 11-01502 on the Revised Rules on Administrative Cases in Civil Service.

Section 16.04 *Complaints and Investigation of all Alleged Violations.* All alleged violations of Section 23 of the RPRH Act shall be reported to the DOH, which shall immediately conduct a fact-finding investigation. Upon finding sufficient grounds to support the complaint, such findings shall be referred to the appropriate fiscal for criminal prosecution, without prejudice to the institution of administrative proceedings. Persons convicted of violation shall be punished in accordance with the Act.

At the instance of the DOH, administrative proceedings may also be pursued against erring health care providers that could lead to either suspension or revocation of appropriate licenses.

RULE 17 – Penalties

Section 17.01 Any violation of this Act or commission of the foregoing prohibited acts shall be penalized by imprisonment ranging from one (1) month to six (6) months or a fine of Ten thousand pesos (P10,000.00) to One hundred thousand pesos (P100,000.00), or both such fine and imprisonment at the discretion of the competent court.

Section 17.02 If the offender is a public officer, elected or appointed, he/she shall also suffer the penalty of suspension not exceeding one (1) year or removal, and forfeiture of retirement

benefits depending on the gravity of the offense after due notice and hearing by the appropriate body or agency.

Section 17.03 Upon finding that a department, agency, or instrumentality of government, government-owned and -controlled corporation, or local government unit has violated any provision of this Act and its implementing rules and regulations, the sanctions under administrative law, civil service, or other appropriate laws shall be recommended to the Civil Service Commission and/or the Department of the Interior and Local Government. The person directly responsible for the violation as well as the head of the agency or local chief executive who authorized by written order the alleged violation shall be held liable under these Rules.

Section 17.04 If the offender is a private health care professional, the New Rules of Procedure in Administrative Investigations in the Professional Regulation Commission (PRC) and the Professional Regulatory Boards established in PRC Resolution No. 06-342 (A) s. 2006 shall be followed.

Section 17.05 If the offender is a juridical person, the penalty shall be imposed upon the president or any responsible officer.

Section 17.06 An agent or distributor of any pharmaceutical company or health product/device manufacturer who directly or indirectly colludes with government officials, whether appointed or elected, in the distribution, procurement and/or sale by the national government and LGUs of modern family planning supplies, products and devices shall be penalized according to these Rules and applicable provisions of R.A. 9184 or the Revised Government Procurement Act and its IRR, as amended. The license, or permit to operate or conduct business in the Philippines of such pharmaceutical company, shall be perpetually revoked, and a fine triple the amount involved in the violation shall be imposed.

Section 17.07 An offender who is an alien shall, after service of sentence, be deported immediately without further proceedings by the Bureau of Immigration.

CHAPTER 6 – Miscellaneous Provisions

RULE 18 – Miscellaneous Provisions

Section 18.01 *Amendments.* These Rules or any portion hereof may be amended by the Secretary of Health.

Section 18.02 *Separability Clause.* If any part or provision of these Rules is held invalid or unconstitutional, the other provisions not affected thereby shall remain in full force and effect.

Section 18.03 *Effectivity Clause.* These Rules shall take effect fifteen (15) days after copies hereof have been filed with the National Administrative Register (NAR) of the UP Law Center and published in at least two (2) newspapers of general circulation.

APPROVED: [March xx, 2013]
IRR Drafting Committee for Republic Act No. 10354