



Republic of the Philippines  
PROVINCE OF BENGUET  
La Trinidad

**SANGGUNIANG PANLALAWIGAN NG BENGUET**

**37<sup>th</sup> REGULAR MEETING OF THE 9<sup>TH</sup> SANGGUNIANG  
APRIL 10, 2017**

**PRESENT:** **HON. FLORENCE B. TINGBAOEN**, Vice Governor & Presiding Officer  
**HON. JOHNNY D. WAGUIS**, Board Member  
**HON. ROBERT M. NAMORO**, Board Member  
**HON. JIM G. BOTIWEY**, Board Member  
**HON. JUAN M. NAZARRO, JR.**, Board Member  
**HON. BERNARD S. WACLIN**, Board Member  
**HON. APOLINARIO T. CAMSOL**, Board Member  
**HON. RUBEN E. PAOAD**, Board Member  
**HON. ROBERTO K. CANUTO**, Board Member  
**HON. FERNANDO M. BALAODAN, SR.**, Board Member  
**HON. NESTOR T. FONGWAN, JR.**, Board Member, PCL President  
**HON. BLAS L. DALUS, Board Member**, IPM Representative

**ABSENT:** **HON. FLORENCIO V. BENTREZ**, Board Member, (On O.B.)  
**HON. JAMES M. GUANSO, JR.**, Board Member, LnB President, (on O.B.)

**PROVINCIAL ORDINANCE NO. 17 - 204**

**ENACTING THE RESPONSIBLE PARENTHOOD AND REPRODUCTIVE  
HEALTH CODE, POLICIES AND PROGRAMS OF THE PROVINCE OF  
BENGUET, APPROPRIATING FUNDS THEREFOR AND FOR OTHER  
PURPOSES.**

**Author:** **HON. JIM G. BOTIWEY**, Chairman, SP Committee on Health & Social Services

**WHEREAS**, Article II, Section 12 of the 1987 Philippine Constitution provides that "The State recognizes the sanctity of family life and shall protect and strengthen the family as a basic autonomous social institution. It shall equally protect the life of the unborn from conception. The natural and primary right and duty of parents in the rearing of the youth for civic efficiency and the development of moral character shall receive the support of the Government;"

**WHEREAS**, it is a declared policy under Republic Act No. 10354, otherwise known as the "Responsible Parenthood and Reproductive Health Act of 2012", that the State recognizes and guarantees the human rights of all persons including their right to equality and non-discrimination 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;

**WHEREAS**, the Local Government Code of the Philippines has devolved the function of delivering basic health care and social welfare services to the Local Government Units;

**WHEREAS**, there is a need to bridge the gaps that prevent the full implementation of the Responsible Parenthood and Reproductive Health Law from fully taking off at the Local Government level;

**WHEREAS**, this Sanggunian has substantially complied with the mandatory requirements of notice and public hearing as provided under Republic Act No. 7160, as amended;

**NOW THEREFORE**, on motion of **HON. JIM. G. BOTIWEY** duly seconded, be it

**ORDAINED BY THE SANGGUNIANG PANLALAWIGAN OF BENGUET PROVINCE IN SESSION ASSEMBLED THAT:**

### **CHAPTER I. GENERAL PROVISIONS**

**Section 1. Title.** – This ordinance shall be known as **"The Benguet Province Responsible Parenthood and Reproductive Health Code."**

**Section 2. Coverage.** This Ordinance or herein referred to as "Code" shall cover the integrated and comprehensive Responsible Parenthood and Reproductive Health policies and programs of the Province of Benguet.

**Section 3. Objectives.** -This Code specifically aims to provide the people of Benguet with opportune, comprehensive and efficient information, education, services and policies on responsible parenthood and reproductive health that is gender sensitive, supportive of the sanctity and autonomy of family as a social institution, concerned with human rights, socially responsible, and respecting religious convictions and culture.

**Section 4. Definition of Terms.** – For purposes of this Ordinance, the following terms shall mean:

- a. Adolescent** – refers to young people between the ages ten (10) to nineteen (19) years who are in transition from childhood to adulthood.
- b. Adolescent, Youth and Young People's Sexuality** – refers to the reproductive system, gender identity, values or beliefs, emotions, relationships, and sexual behavior of adolescent and youth.
- c. Annual Integral Reproductive Health Plan (AIRHP)** – refers to a set of Reproductive Health priority programs, projects, and activities complete with a detailed intended outcome (e.g. an increased understanding of sexually transmitted infections (STIs) and diseases (STDs) of five (5) Barangay Lying-in Center staff) and the corresponding budget proposals.
- d. Annual Reproductive Health Accomplishment Report** – refers to a written summary of accomplishments of Reproductive Health programs and projects to serve as a self-assessment tool for the provincial government agency concerned in determining the level of implementation of these programs and projects and formulate measures towards program efficiency, effectiveness and impact.

- e. 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, administration of maternal steroids for preterm labor, performance of assisted vaginal deliveries, removal of retained placental products, and manual removal of retained placenta. It also includes neonatal interventions which include at the minimum: newborn resuscitation, provision of warmth, and referral, blood transfusion where possible.
- f. Child** – refers to a person below 18 years of age or those over but are unable to fully take care of themselves or protect themselves from abuse, neglect, cruelty, exploitation or discrimination because of a physical or mental disability or condition.
- 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 (caesarean section) and blood bank services, and other highly specialized obstetric interventions. It also includes emergency neonatal care which includes at the minimum: newborn resuscitation, treatment of neonatal sepsis infection, oxygen support, and antenatal administration of (maternal) steroids for threatened premature delivery.
- h. Council** – refers to the Benguet Province Reproductive Health Council (BP-RHC).
- i. Family Planning** – refers to a program which enables couples and individuals to decide freely and responsibly the number and spacing of their children and to have access to full range of safe, affordable, effective, non-abortifacient modern natural and artificial methods of planning pregnancy.
- j. Infertility** – Inability of the couple to reproduce offspring.
- k. Life Cycle Approach** – refers to age appropriate reproductive health care service delivery from “womb to tomb”. This includes services for the pregnant mother, infants, children, adolescents, reproductive age, and the elderly.
- l. Male Responsibility** – refers to the involvement, commitment, accountability and responsibility of males in all areas of sexual health and reproductive health concerns specific to men.
- m. Maternal and Neonatal Death Review** – refers to a qualitative and in - depth study of the causes of maternal and neonatal deaths with the primary purpose of preventing future deaths through changes or additions to programs, plans and policies. It enables the identification of major contributing categories, facilitates analysis, and allows consideration of possible interventions and strategies for prevention of such deaths.



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- n. Maternal Death** – the death of a woman while pregnant or within 42 days of the end of the pregnancy, irrespective of the duration and the site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes
- o. Neonatal Death** – deaths during the first 28 completed days of life. Neonatal deaths may subdivide into early neonatal deaths, occurring during the first seven days of life, and late neonatal deaths, occurring after the seventh day but before the 28 completed days of life.
- p. Reproductive Health (RH)** – 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 being 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.
- q. Reproductive Health and Sexuality Education.** – the process of acquiring complete, accurate and relevant information in all matters relating to the reproductive system, its functions and processes and human sexuality, and forming attitudes and beliefs about sex, sexual identity, interpersonal relationships, affection, intimacy and gender roles. It also includes developing the necessary skills to be able to distinguish between facts and myths on sex and sexuality, and critically evaluate and discuss the moral, religious, social and cultural dimensions of related sensitive issues.
- r. Reproductive Health Care** – the access to a full range of methods, facilities, services and supplies that contribute to reproductive health and well-being by preventing and solving reproductive health-related problems. It also includes sexual health, the purpose of which is the enhancement of life and personal relations. Using the Life-Cycle Approach as a frame work, the elements of reproductive health care includes, but not limited to:
- I. Family Planning Information and Services;
  - II. Maternal, Neonatal, Child Health and Nutrition including Breast-feeding;
  - III. Prevention, treatment and management of Reproductive Tract Infections (RTIs), Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome (HIV and AIDS), and other Sexually Transmitted Infections (STIs);
  - IV. Adolescent and Youth Reproductive Health Guidance and counselling;
  - V. Elimination of Violence Against Women and Children and other forms of sexual and gender-based violence;
  - VI. Education and Counselling on Sexuality and Reproductive Health;
  - VII. Proscription of Abortion and Management of abortion and its complications;
  - VIII. Treatment of breast and reproductive tract cancers and other gynecological conditions and disorders;

- IX. Male responsibility and involvement and men's reproductive health;
- X. Prevention, treatment and management of infertility and sexual dysfunction;
- XI. Mental Health aspect of reproductive health care; and
- XII. Age and development appropriate RH education for adolescents in formal and non-formal educational settings;

**s. Reproductive Health Rights** – the recognition of the basic right of all couples and individuals to decide freely and responsibly whether or not to have children; the number, spacing and timing of their children; to have the information and means to do so, and the right to attain the highest standard of sexual and reproductive health. They also include the right of all to make decisions concerning reproduction free of discrimination, coercion and violence. Provided, however, that reproductive health rights do not include abortion, and access to abortifacients.

**t. Responsible Parenthood** – refers to the will and the 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, socio-cultural and economic concerns consistent with their religious convictions.

**u. Reproductive Tract Infections (RTIs)** – include Sexually Transmitted Infections (STIs), Sexually Transmitted Diseases (STDs) and other types of infections and diseases affecting the reproductive system.

**v. Safe Motherhood** – refers to a program that focuses on making pregnancy and childbirth safer and sought to change fundamental societal dynamics that influence decision making on matters related to pregnancy and childbirth while it tries to bring quality emergency obstetrics and newborn care facilities nearest to homes. This move ensures that those most in need of quality health care by competent doctors, nurses and midwives have easy access to such care.

**w. Service Delivery Network** - refers to the network of health facilities and providers within the province- or city-wide health system, offering core packages of health care services in an integrated and coordinated manner;

**x. Sexual Dysfunction**– Also referred to as sexual problems or sexual malfunction, is defined as difficulty during any stage of the sexual act (which includes desire, arousal, orgasm, and resolution) that prevents the individual or couple from enjoying sexual activity.

**y. Skilled Birth Attendance** – refers to childbirth managed by a skilled health professional including the enabling conditions of necessary equipment and support of a functioning health system, including transport and referral facilities for emergency obstetric care.

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- z. Skilled Health Professional** – refers to a midwife, doctor or nurse, who has been educated and trained in the skills needed to manage normal and complicated pregnancies, childbirth and the immediate postnatal period, and in the identification, management and referral of complicated pregnancies, childbirth and the immediate postnatal period, and in the identification, management and referral of complications in women and newborns.
- aa. Violence Against Women and Children** – violence against women refers to any act of gender-based violence that results in or is likely to result in physical, sexual or psychological harm or suffering to women and children, including threats of such acts, coercion, or arbitrary deprivations of liberty, whether occurring in public or private life and violence against children includes the commission of all forms of abuse, neglect, cruelty, exploitation, violence, and discrimination and all other conditions prejudicial to their development.
- bb. Women of Reproductive Age** – refers to all women aged 15 – 49 years old;
- cc. Young people** – are adolescents and youth aged 10 to 24 years old.
- dd. Youth** – refers to persons aged between fifteen (15) to twenty four (24) years old.

## CHAPTER II REPRODUCTIVE HEALTH PROGRAMS

**Section 5. Programs.** The Reproductive Health Programs herein provided in this Chapter define and govern the implementation of Reproductive Health in the Province of Benguet. No Reproductive Health policies and/or programs inconsistent or not complementary with the foregoing shall be implemented in the Province.

### Article I MATERNAL, NEONATAL, CHILD HEALTH AND NUTRITION

**Section 6. Safe Motherhood.** - The Provincial government shall ensure the availability and accessibility of medical and psychological basic needs to pregnant women regardless of age, economic and civil status, culture and ethnicity, namely:

- a. Prenatal Care Services** – shall consist of the following within the entire pregnancy but not limited to:
- i. At least 4 pre-natal check-ups with a Skilled Health Professional (SHP);
  - ii. Given a full course of tetanus toxoid immunization and micronutrient supplementation;
  - iii. Laboratory tests, (CBC, urinalysis, Rapid Plasma Reagent (RPR);
  - iv. Ultrasound, if necessary;
  - v. Information, Education and Counselling on safe motherhood, nutrition and child care;
  - vi. Basic Oral Health Care; and
  - vii. Provision of other services; treatment of diseases as indicated and referral to other facilities.

**b. Clean and Safe Delivery** – Provision of facilities and services that can ensure the safety of the mother and her child. The delivery, including care for obstetric complications and emergencies, shall be attended by a skilled health professional. Transport services shall prioritize women with birth complications. Facilities that would temporarily accommodate an expectant mother and her family while awaiting for her due date of delivery should be provided within or near the birthing facility.

**c. Post-Partum Care** – Provision of post-delivery follow-up services up to the 6th week to monitor the initiation of breastfeeding and progress of the involution period. It shall consist of the following but not limited to:

- i. Identification of early signs and symptoms of postpartum complications;
- ii. Micronutrient supplementation;
- iii. Family planning;
- iv. IEC or counselling on:
  - a) healthy lifestyle;
  - b) maternal nutrition;
  - c) responsible parenting; and
  - d) exclusive breastfeeding.
- v. Prevention and management of other diseases as indicated;
- vi. Prevention and management of abortion complications;
- vii. Diagnostic test (e.g. cervical cancer screening-acetic acid wash); and
- viii. Follow-up visit and care.

**d. Post-Natal Care** – provision of after birth follow-up services to monitor the condition of the child until the 6th week for normal deliveries and longer depending on the newborn screening and assessment. It shall consist of the following but not limited to:

- i. Identification of early signs and symptoms of newborn problems;
- ii. Immediate newborn care;
- iii. Emergency newborn care;
- iv. Intensive newborn care for low birth weight, preterm, intrauterine growth, babies with congenital anomalies, and sick newborn;
- v. Newborn screening;
- vi. Rooming-in or bedding-in;
- vii. Exclusive breastfeeding up to 6 months;
- viii. BCG and Hepatitis B immunization;
- ix. Birth registration; and
- x. Home visit and follow-up.

**Section 7. Child Health** – The provincial government shall ensure the availability and accessibility of the following basic child health services but not limited to:

1. Counselling on continuation of Breastfeeding up to 2 years old and beyond;
2. Proper introduction of complementary feeding at 6 months;
3. Full Immunization;
4. Deworming;
5. Weight, height, and length monitoring;
6. Micronutrient supplementation;
7. Basic Oral Health Care; and
8. Management of childhood illness.

**Section 8. Maternal and Neonatal Death Review** – The Provincial Government shall constitute a Provincial Maternal and Neonatal Death Review Team from the Council under Section 31 hereof which shall conduct Maternal and Neonatal Death reviews. The result of such review, especially the interpretations identified and actions to be taken, shall be properly disseminated to concerned stakeholders for their appropriate actions and consideration.

**Section 9. Basic Emergency Obstetric and Newborn Care (BEMONC); Comprehensive Emergency Obstetric and Newborn Care (CEMONC).** – The Provincial Government shall ensure the availability and accessibility to BEMONC and CEMONC capable facilities especially in geographically isolated or highly populated and depressed areas. Further, it shall ensure the continuous provision of quality services in all BEMONC and CEMONC capable facilities by conducting regular monitoring and supportive supervision.

## Article II

### FAMILY PLANNING PROGRAM AND SERVICES

**Section 10. Family Planning Program and Services.** - Family Planning program and services 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. Family planning program and services shall be accessible, affordable and available to all regardless of sex, status, religious convictions, and culture or ethnicity based on the following pillars:

1. **Respect for Life** - the conduct of programs and services that shall emphasize the promotion and protection of the life of the mother and her child;
2. **Responsible Parenthood** - program and services to be conducted that shall encourage and facilitate the recognition by the couple of their right and duty to determine the desired number of children they might have and when they might have these children.
3. **Birth Spacing** – information, education and medical and psychological services shall guide couples to decide to have children when they are both physically and emotionally ready to raise and rear them;
4. **Informed Choice** - the conduct of programs shall provide accurate information that facilitates decision making of the couple and individual on family planning based on freedom of choice and voluntary decision respecting their moral, cultural and spiritual beliefs.

Family planning services shall be provided to minor, minor parents or minors who have suffered a miscarriage only upon consent from parents or guardian.



**Section 11. Contraceptive Self - Reliance.** – In consonance with the Contraceptive Self Reliance Policy Plus of Benguet Province, the provincial government shall ensure the availability and continuity of family planning supplies, other commodities and services as provided in the Provincial Ordinance No. 05-104, entitled: " An Ordinance Promulgating The Logistics Management of Commodity Self - Reliance Plus In Benguet, Mandating Its Implementation and Sustainability and Providing Funds For the Purpose".

**Section 12. Family Planning Month.** – The month of August of every year shall be the Family Planning Month celebration in the Benguet Province, with August 1 as Family Planning Day (FPD) in consonance with the National FP Day Celebration. No other health related celebrations in the province shall be held on the same day with the Family Planning Day Celebration.

**Article III**  
**ADOLESCENT AND YOUTH REPRODUCTIVE HEALTH GUIDANCE AND COUNSELLING.**

**Section 13. Addressing and Providing Adolescent and Youth Health Needs.** – The Provincial Government shall address the health needs of young people regardless of sex, gender, status, religious convictions, and culture or ethnicity and shall provide the following, but not limited to:

- A. Services for Pregnant Young Women shall be made available in government health facilities to meet young women's needs, enhance their health, and improve birth outcomes. Furthermore, health service providers shall treat the pregnant adolescent with dignity, confidentiality and non-judgmental attitude. Young women are encouraged to obtain adequate prenatal and postnatal care, with emphasis on self - care, breastfeeding, infant care and child spacing.
- B. Reproductive Health Services for Young People emphasizing prevention of early pregnancy and STI, HIV and AIDS, counselling and treatment of other reproductive health concerns shall be provided. Program may include flexible service hours, outreach activities, access to accurate information and education through the conduct of trainings, seminars, workshops, fora, symposia and focus group discussions.
- C. Capability Building for Young People to promote awareness, knowledge, skills and healthy sexual practices through the conduct of trainings and workshops on peer counselling and education; leadership and life skills training and seminars; information, education and communication such as fora, symposia, focus group discussions on responsible sexuality, understanding adolescent and young people, prevention of teenage pregnancy, sexually transmitted infections and drug abuse shall be provided.
- D. Selection, Training and Deployment of Health Workers and volunteers shall be enhanced to promote health seeking behavior among young people.
- E. Protocols, Guidelines and Standards on Reproductive Health services for Young People shall be formulated to govern service providers to avoid subjective and judgmental approach. The Provincial Health Office and Provincial Social Welfare and Development Office shall provide protocols, guidelines, standards on reproductive health services.

- F. Curriculum Reforms shall be the integration of reproductive health elements in the related subject areas. For effective implementation, the teachers shall be given enhancement training and continuous education on the subject.
- G. An inter-agency approach to address the health needs and concerns of young people shall be adopted province –wide. Partnership shall be strengthened among adolescent groups, government agencies, civil society, the private sector, families and communities to make them accountable for the achievement of Sustainable Development Goals.

#### **Article IV**

### **ELIMINATION OF VIOLENCE AGAINST WOMEN AND CHILDREN**

**Section 14. Violence Against Women and Children.** The Provincial Government shall conduct programs and services that shall eliminate violence against women and children in relation to reproductive health, but not limited to: information, education and communication activities, psycho-social services, medical services and referral services.

#### **Article V**

### **EDUCATION AND COUNSELING ON SEXUALITY AND SEXUAL HEALTH**

**Section 15. Reproductive Health and Sexuality Education.** – There shall be Reproductive Health and Sexuality Education that shall be taught by teachers to schoolers from Grade [1] up to College with appropriate topics and methodology in accordance with the educational level.

- a. The Province, through the Benguet Provincial Reproductive Health Council (BPRHC) in coordination with Department of Education, Commission on Higher Education of Benguet and other educational institutions, shall monitor the integration and implementation of the RH and Sexuality Education which shall include the following:
- Reproductive Health;
  - Attitudes, beliefs and values on sexual development, sexual behavior, sexual health and abstinence before marriage;
  - Awareness, prevention and treatment of Sexually Transmitted Infection (STI), HIV and AIDS;
  - Gender and Violence against Women and Children; and
  - Responsible Parenthood.
- b. The Provincial government shall encourage the Technical Education and Skills Development Authority (TESDA) to integrate Reproductive Health and Sexuality Education in its programs.
- c. The Provincial government through the Sangguniang Kabataan if any, in coordination with the Reproductive Health Council and concerned NGOs shall organize and provide Reproductive Health and Sexuality Education for out-of- school youth.

**Section 16. Responsible Parenthood Education/Counseling.** The Provincial government through the Provincial Population Workers and Officers shall promote Responsible Parenthood Education/Counseling through monitoring and evaluation of programs and services on Pre-Marriage Counselling in Municipal Local Government Units. The provincial government shall also conduct trainings, symposium and similar activities to enhance knowledge, attitudes and skills of couples and parents on reproductive health.

**Article VI**  
**PROSCRIPTION OF ABORTION AND MANAGEMENT OF**  
**POST-ABORTION COMPLICATIONS**

**Section 17. Prevention of Abortion.** – The Provincial Government shall ensure the conduct of gender sensitive programs for prevention of abortion including but not limited to:

1. Conduct of Information, education and communication (IEC) activities at all levels;
2. Production and distribution of information, education and communication materials;
3. Counselling on prevention of abortion; and
4. Identification of high risk women for IEC and counselling.

The Department of Health Administrative Order 45 - B Series of 2000 shall be the guideline for the prevention and management of abortion complications.

**Section 18. Treatment and Management.** The Provincial Government shall ensure the provision of treatment and management of post-abortion, regardless of the cause, age, status, occupation, religious convictions, and culture or ethnicity.

The Provincial Government shall provide facilities that cater to the treatment and management of post abortion complications. Furthermore, health service providers shall treat the women who had abortion with dignity, confidentiality and non-judgmental attitude.

**Article VII**  
**PREVENTION AND TREATMENT OF INFERTILITY AND SEXUAL**  
**DYSFUNCTION**

**Section 19. Prevention and Treatment.** - The Provincial government shall provide comprehensive programs and services for the prevention and treatment of Infertility and Sexual Dysfunctions including, but not limited to:

1. IEC;
2. Screening and Assessment;
3. Management of Infertility and Sexual Dysfunction;
4. Counselling; and
5. Referral

**Article VIII**  
**TREATMENT OF BREAST AND REPRODUCTIVE TRACT CANCERS**  
**AND OTHER GYNAECOLOGICAL CONDITIONS**

**Section 20. Prevention, Detection and Treatment.** – The Province shall ensure to have comprehensive programs and services in the prevention and detection of Breast Cancers, Reproductive Tract Cancers and other Gynecological conditions including, but not limited to:

1. IEC;
2. Detection and Assessment or Screening;

3. Management of Breast Cancers, Reproductive Tract Cancers and other Gynecological conditions;
4. Counselling; and
5. Referral.

**Article IX**  
**MALE RESPONSIBILITY AND INVOLVEMENT AND MEN'S**  
**REPRODUCTIVE HEALTH**

**Section 21. Education and Advocacy on Males in Reproductive Health.** – The Provincial Government thru the RH Council shall develop and implement male-focused programs on reproductive health.

**Section 22. Provision of Male Reproductive Health Needs and Services.** – The Provincial Government shall ensure the provision of specific sexual and reproductive health services for men including, but not limited to:

1. Cancer Detection (prostate and testicular cancer);
2. Infertility;
3. Erectile and other Sexual dysfunctions; and
4. Family planning.

**Section 23. Organization of Males as Partners in Reproductive Health.** – The Provincial government in coordination with the Municipal Local Government Units shall install mechanisms to organize males at the community level to become partners and advocates of reproductive health.

**Section 24. Men's Day.** The Provincial government shall celebrate the month of June as Men's Month where issues and concerns relative to the advancement of the involvement and participation of men on reproductive health will be advocated.

The celebration of Men's Day shall be on the 1st Monday of June. No other celebrations in the province shall be held on the same day with the Men's Day.

For effective implementation of this Article, the Gender and Development Code of Benguet Province and other pertinent laws shall be observed.

**ARTICLE X**  
**MENTAL HEALTH ASPECT OF REPRODUCTIVE HEALTH CARE**

**Section 25. Mental Health** – The Provincial Government shall ensure the provision of comprehensive programs and services, but not limited to the following:

1. Mental health promotion;
2. Address community problems that contribute to mental problem (e.g. Drugs);
3. Mental program during disaster;
4. Program on Violence Against Women (e.g. create multi-sectoral women's support group); and
5. Management, treatment or referral of mental illness.

**ARTICLE XI**  
**AGE AND DEVELOPMENT APPROPRIATE RH EDUCATION FOR**  
**ADOLESCENTS IN FORMAL AND NON-FORMAL EDUCATIONAL**  
**SETTINGS**

**Section 26. Age and Development Appropriate Reproductive Health Education.** – The Provincial government in coordination with key stakeholders in schools and in the community shall ensure the provision of age-and development -appropriate reproductive health education to adolescents which shall be taught by adequately trained teachers 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 and development; and responsible parenthood.

**ARTICLE XII**  
**PREVENTION, TREATMENT AND MANAGEMENT OF REPRODUCTIVE**  
**TRACT INFECTIONS (RTI's), HIV AND AIDS AND OTHER SEXUALLY**  
**TRANSMITTABLE INFECTIONS (STI's).**

**Section 27. Prevention, Treatment and Management.** – The province shall ensure to have comprehensive programs and services in the prevention and detection, treatment, and management of RTI's, HIV and AIDS, and other STI's in relation to reproductive health including counselling and referral.

**CHAPTER III**  
**OTHER PROGRAMS AND SERVICES INDISPENSABLE FOR THE**  
**IMPLEMENTATION OF THIS CODE**

**Section 28. Mobile Health Care Service.** – The provincial government shall ensure the provision of 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 the local government units. The MHCS shall deliver health care goods and 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.

**Section 29. Service Delivery Network (SDN).** – The provincial government shall ensure the implementation of an integrated and coordinated delivery of core packages of health care services through the service delivery network by performing the following, but not limited to:

- 1) Execute the steps in establishing the SDN;
- 2) Support the mobilization of CHTs to sustain demand generation activities in the field;
- 3) Engage the available health providers to be part of SDN;
- 4) Ensure that RH services are accessible and available to priority population provided that it is delivered by skilled professionals;

- 5) Ensure that priority population will be provided with support services such as transportation and communication assistance and/or maternity waiting home especially to clients living in GIDA areas;
- 6) Ensure that outreach services, if needed, are regularly conducted in hard-to-reach areas/GIDA;
- 7) Monitor and submit service utilization reports;
- 8) Conduct an annual assessment and review of target population in their respective areas; and
- 9) Provide support in terms of improving capacities of providers (e.g. training, hiring of human resources, upgrading facilities, among others) to compliment the increasing demand on health services.

**Section 30. Incentives for Barangay Volunteers (BHWs, BNSs).**

– The provincial government shall ensure the provision of incentives to Barangay Health Workers. These shall be in the form of cash, recognition, capability and capacity building. This is to recognize the vital role of these community volunteers in the achievement of the goal set for reproductive health and responsible parenthood program.

**CHAPTER IV  
FINAL PROVISION  
BENGUET RESPONSIBLE PARENTHOOD AND REPRODUCTIVE  
HEALTH COUNCIL**

**Section 31. Creation of Benguet Responsible Parenthood and Reproductive Health Council.** There shall be constituted a local council for responsible parenthood and reproductive health planning, monitoring, and evaluation for the Province to be referred hereinafter as the Benguet Responsible Parenthood and Reproductive Health Council (BPRHC). It shall consist of the following:

- **Chairman:** Provincial Governor
- **Vice Chairman:** Provincial Vice Governor

**Members:**

- Chair, SP Committee on Health
- Chair, SP Committee on Social Services
- ABC President
- PCL President
- Mayor's League President
- Vice Mayor's League President
- Division Superintendent of the Department of Education - Benguet
- Provincial Director, Philippine National Police-Benguet Police Office
- Provincial Health Officer
- Provincial Population Officer
- Chief of Hospital III - Benguet General Hospital
- Provincial Social Welfare and Development Officer
- Provincial Planning and Development Officer
- Provincial Budget Officer
- Provincial Accountant
- DILG Provincial Director

- Philippine Information Agency – Benguet Representative
- Development Management Officer V, Provincial Department of Health
- CHED Representative
- Religious Sector Representative to be appointed by the Governor upon the recommendation of the PHO
- At least one (1) LGU Accredited NGO implementing RH Programs to be appointed by the Governor upon recommendation by the PHO.

**Section 32. Functions of the BRP-RHC.** The Committee shall have the following functions:

- A. Prepare the Province's Annual Integral Reproductive Health Plan (AIRHP) as defined in Section 4 of this Code.
- B. Prepare and submit to the Governor's Office, the Sangguniang Panlalawigan, Provincial Planning and Development Office and Provincial Health Office an annual Reproductive Health Accomplishment Report.
- C. Monitor the efficient and effective implementation of Reproductive Health programs and projects.
- D. Recommend to the Sangguniang Panlalawigan for legislation such other prospective policies not provided for under this Ordinance which are deemed necessary for the continuous, efficient, and effective operation of Reproductive Health programs in the province.
- E. Generate various statistics on the Reproductive Health of local women, more importantly the women of indigenous cultural communities and the indigent women.
- F. Hold consultative meetings with concerned Provincial Health and Provincial Hospital staff, the barangay officials, and other concerned employees of the provincial government on matters pertaining to the preparation of the Province's Annual Integral Reproductive Health Plan (AIRHP).
- G. Form a Provincial Maternal and Neonatal Death Review Team pursuant to Section 8 hereof.
- H. Screen and select representative/s to conferences, seminars, trainings and other related RH activities.
- I. Formulate the necessary training designs for RH orientations, seminars and trainings pursuant to the provisions of this Code.
- J. Act as Provincial Adolescent and Youth Health Development Council.
- K. Exercise such other functions expressly granted, those necessarily implied there from, as well as functions necessary, appropriate, or incidental to the efficient and effective implementation of the provisions of this Ordinance.

**Section 33. Council Meetings.** – Within sixty (60) days after this Code shall have taken effect, the Council shall meet to fix the day, time and venue of its regular meeting and may adopt its own rules of procedure in the conduct of its meetings.

**Section 34. Secretariat.** The Provincial Health Office shall act as the Secretariat of the Council.

**Section 35. Functions of the Secretariat.** – The functions and responsibilities of the Secretariat are the following:

1. Coordinate plans and activities of the Council.
2. Serve as the center of communication and documentation.
3. Keep all the records of the Council.
4. Facilitate the conduct of the meetings of the Council.
5. Perform other secretariat functions as may be assigned by the Council.
6. Other functions as maybe ordered by the Governor.

#### **CHAPTER V. DUTIES AND RESPONSIBILITIES.**

**Section 36. Provincial Health Office (PHO).** The PHO shall serve as the lead department for the implementation and realization of the objective of this Code and shall, in partnership with the Department of Health (DOH) and the different Municipal Health Offices in the Province integrate in their regular operations the following functions:

1. Fully and efficiently implement the reproductive health programs under this Code;
2. Ensure peoples' access to medically safe, non-abortifacient, legal, quality and affordable reproductive health goods and services;
3. Ensure that all reproductive health facilities such as clinics, birthing homes or lying-in centers, and others in the Province to comply with the minimum basic requirements set by the DOH and to maintain a quality and safe birthing services to our people;
4. Initiate and sustain a heightened level of public awareness of the provisions of this Code;
5. Facilitate the appropriate capacity building for health workers in the Province including Barangay Health Workers, Barangay Nutrition Scholars (BNS), other barangay volunteers;
6. Select and train pool of trainers for the promotion and implementation of this Code; and
7. Perform other functions necessary to carry out the provisions of this Code.

**Section 37. Provincial Social Welfare Development Office (PSWDO).** The PSWDO in partnership with the different Municipal Social Welfare Development Offices of the Province and in cooperation with the PHO, integrate in their regular operation the following functions:

1. Ensure the efficient implementation of Sections 13 and 14 of this Code;
2. Assist in all the counselling, psychological and psychosocial services required in the implementation of this Code;
3. Assist in the implementation of pro bono services for indigent women as mandated by Section 17 of RA 10354 entitled, "An Act Providing For a National Policy on Responsible Parenthood and Reproductive Health";
4. Establish sexual reproductive health programs for persons with disabilities; and
5. Perform other functions to ensure that information, education and counselling relative to the implementation of this Code are gender sensitive, respecting reproductive health rights and supportive of the sanctity and autonomy of family as a social institution.



**Section 38. Parents.** As a shared responsibility, parents must avail Safe Motherhood services as enumerated in Section 6 of this Code and must submit the child to Child Health services as enumerated in Section 7 of this Code.

**Section 39. Local Government Units (LGU's).** The Provincial LGU shall have oversight function and, in partnership with DOH and the municipal and barangay LGUs of the Province, shall ensure the full and efficient implementation of this Code. For this purpose, the Provincial LGU shall:

1. Ensure a reasonable annual appropriation for the funding requirements in the implementation of this Code in the Province and the different LGUs;
2. Endeavour to maintain or upgrade hospitals and health facilities with adequate, qualified personnel and equipment, provide mobile health care service, and cause the deployment of health workers in strategic areas; and
3. Provide other support for the attainment of the purposes of this Code.

## **CHAPTER VI FINAL PROVISIONS**

**Section 40. Appropriation.** – For the full and effective implementation of this Code, the Provincial Government shall appropriate an initial amount of Three Million Pesos (PhP3,000,000.00) from the General Fund. Thereafter, the amount to be appropriated shall be based on the budgetary requirements of the Annual Integrated Reproductive Health Plan (AIRHP) for the applicable year as provided in Section 32.A of this Code.

**Section 41. Separability Clause.** – If for any reason, any section or provision of this Ordinance is declared unconstitutional or invalid, the other sections or provisions hereof which are not affected thereby shall continue to be in full force and in effect.

**Section 42. Repealing Clause.** – All Ordinances, local issuances or rules inconsistent with any of the provisions of this Ordinance are hereby repealed or modified accordingly.


**Section 43. Effectivity Clause.** – This Ordinance shall take effect fifteen (15) days after its publication in a local newspaper of general circulation within the Province of Benguet.

**Carried.**

  
**JOHNNY D. WAGUIS**  
Board Member

  
**ROBERT M. NAMORO**  
Board Member

  
**JIM G. BOTIWEY**  
Board Member

  
**JUAN M. NAZARRO, JR.**  
Board Member

  
**BERNARD S. WACLIN**  
Board Member

  
**APOLINARIO T. CAMSOL**  
Board Member

  
**RUBEN E. PAOAD**  
Board Member


  
**ROBERTO K. CANUTO**  
Board Member

  
**FERNANDO M. BALAODAN, SR.**  
Board Member

  
**NESTOR B. FONGWAN, JR.**  
Board Member, PCL Pres.

  
**BLAS L. DALUS**  
Board Member, IPM Rep.

**CERTIFIED CORRECT:**

  
**ATTY. BRIAN J. CRISPIN**  
Secretary to the Sanggunian

**ATTESTED:**

  
**FLORENCE B. TINGBAOEN**  
Provincial Vice Governor  
Presiding Officer

**APPROVED:**

  
**CRESCENCIO C. PACALSO**  
Provincial Governor

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