

Republic of the Philippines
Autonomous Region in Muslim Mindanao
REGIONAL LEGISLATIVE ASSEMBLY
Cotabato City

SEVENTH LEGISLATIVE ASSEMBLY
(Second Regular Session)

[MUSLIM MINDANAO AUTONOMY ACT NO. 292]

Begun and held in Cotabato City, on Monday, the twenty-second day of October 2012.

**AN ACT CREATING AND ESTABLISHING THE REPRODUCTIVE
HEALTH CARE FOR THE AUTONOMOUS REGION IN MUSLIM
MINDANAO, PROVIDING FUNDS THEREFOR AND FOR
OTHER PURPOSES.**

Be it enacted by the Regional Assembly in session assembled:

Section 1. Short Title - This act shall be known as “Reproductive Health Care Act of 2012 for the Autonomous Region in Muslim Mindanao.”

Sec. 2. Declaration of Policy – The Regional Autonomous Government recognizes and guarantees the universal basic human right to reproductive health by all persons, particularly of parents and legally married couples consistent with their religious convictions, cultural beliefs and the demands of responsible parenthood. Toward this end, there shall be no discrimination against any person on grounds of sex, age, religion, sexual orientation, disabilities, political affiliation and ethnicity as embodied in the universally accepted Islamic tenets and international human rights instruments such as Convention on the Elimination of Discrimination Against Women (CEDAW), that is provided within the ambit of Shari’ah.

Moreover, the Regional Autonomous Government recognizes and guarantees the promotion of gender equity and women’s empowerment as a health and human rights concern. The advancement and protection of women’s rights shall be central to the efforts of the regional government to address reproductive health care. As a distinct but inseparable measure to guarantee the women’s rights, the Regional Autonomous Government also recognizes the promotion of the welfare and rights of children. It shall take into consideration the opinion of the Ulama or Islamic Fatwa to ensure the welfare of the family within the autonomous region.

The Regional Autonomous Government shall eradicate discriminatory practices, laws and policies that infringe on a person’s exercise of reproductive health rights.

Sec 3. Guiding Principles – The following principles constitute the framework upon which this Act is anchored on Shari’ah:

- a. Promotion of Natural Family Planning Method must be fully guaranteed by the regional government;
- b. Freedom of information among legally married couples, regarding artificial family planning methods to be used must be fully guaranteed by the regional government.
- c. Respect for legal protection and fulfillment of the right to reproductive health care of all citizens.
- d. Respect for sanctity, quality of life and Human Rights.
- e. Respect for Freedom of choice and beliefs in achieving reproductive health rights.
- f. Since human resource is among the principal asset of the country ,maternal health and safe delivery of healthy children and their full human development must be ensured through effective reproductive health care;
- g. The provision of medically safe, legal, accessible, affordable and effective reproductive health care services to all constituents is essential in the promotion of people’s right to health especially the poor and marginalized.
- h. The Regional Autonomous Government shall consider, without bias, all effective natural and modern methods of family planning that are medically safe and legal in accordance with the standard set by the World Health Organization as well as registered and approved by the Food and Drug Administration as well as the Assembly of Darul Ifta of the Philippines.
- i. The Regional Autonomous Government shall promote programs that;
 - (1) Enable legally married couples to have birth spacing of children with due consideration to health of mothers and resources available to them;
 - (2) Achieve equitable allocation and utilization of resources;
 - (3) Ensure effective partnership among local government units and civil society organizations in the design, implementation, coordination, integration, monitoring, and evaluation of people-centered programs to enhance quality of life and;

- (4) Conduct scientific studies to determine safety and efficacy of Alternative Medicines and methods for reproductive health care development;
- j. The provision of reproductive health care information, must be the joint responsibility of the Regional Government, Local Government Units (LGUs), Department of Health (DOH) and other non-government organizations, consistent with their obligation to respect, protect and promote the right to health;
 - k. Active participation of women's civil society organizations, Muslim Religious Leaders, Indigenous Tribal Leaders and other community leaders is crucial to ensure that reproductive health and population development policies, plans and programs will address the priority needs of the people.
 - l. Development is a multi-faceted process that calls for the coordination 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
 - m. A Holistic Reproductive Health Program addresses the needs of the people throughout their life cycle.

Sec 4. Definition of Terms - For the purpose of this Act, the following terms shall be defined as follows:

- a. Adolescence - refers to the period of physical and physiological development of an individual from the onset of puberty to complete growth and maturity which usually begins between eleven(11) and thirteen (13) years and terminating at eighteen (18) to twenty (20) years of age;
- b. Acquired Immune deficiency Syndrome (AIDS) - refers to the condition characterized by a combination of sign and symptoms, caused by Human Immunodeficiency Virus (HIV) which attacks and weakens the body's immune system, making the afflicted individual susceptible to other life-threatening infections;
- c. Basic Emergency Obstetric Care - refers to lifesaving services for maternal complications being provided by a health facility of professional, which must include the following six signal functions, administration of parenteral antibiotics, administration of parenteral oxytocic drugs, administration of parenteral anticonvulsants for pre-eclampsia and eclampsia, manual removal of placenta, removal of retained products and assisted vaginal delivery;

- d. Comprehensive Emergency Obstetric Care - refers to basic emergency obstetric care including deliveries by surgical procedure (caesarian section) and blood transfusion;
- e. Family Planning- refers to a program which enables legally married couples, individuals and women to decide freely on birth spacing, anchored on the principles of responsible parenthood thus strengthening the region socially, economically and politically in all aspects of human life.
- f. Equality - refers to the absence of discrimination on the basis of a person's sex and gender identity in opportunities, allocation of resources or benefits and access to service;
- g. Legally married couple – For purposes of this Act, legally married couple are those husband and wife whose marriage is valid and solemnized under their respective customary laws that is recognized by Philippine law and guaranteed by the constitution.
- h. Equity- refers to fairness and justice in the distribution of benefits and responsibilities between women and men, girls and boys, and often requires women-specific projects and programs to end existing inequalities;
- i. Healthcare Service Provider - refers to the following:
 - (1) 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 individual suffering from illness, disease, injury, disability or deformity, or in need of obstetrical or other medical and nursing care;
 - (2) A 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; and
 - (4) Barangay health worker who has undergone training programs under any accredited government and non-government organization 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).
- j. Human Immunodeficiency Virus (HIV) - refers to the virus which causes Acquired Immune Deficiency Syndrome (AIDS)

- k. Methods of Family Planning - refers to safe, effective and legal methods in accordance with the Islamic Shari'ah and registered with the Food and Drugs Administration (FDA) of the Department of Health.
- l. People Living with Human immunodeficiency Virus - refer to individuals who have been tested and found to be infected with Human Immunodeficiency Virus (HIV) disease.
- m. Poor - refers to members of households identified as poor through the National Household Targeting System for Poverty Reduction by the Department of Social welfare and Development (DSWD) or any subsequent system used by the national government in identifying the poor.
- n. Reproductive Health - 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, its function and processes;
- o. Maternal Death Review - refers to a qualitative and in-depth study of the causes of maternal death with the primary purpose of preventing future deaths through enhancement of the programs, plans, and policies of the autonomous regional government.
- p. Natural Family Planning - refers to the forms of birth spacing that do not include the insertion of any device, taking of birth control pills and medications, usage of injectable anti-pregnancy drug or application of spermicides, but relies only on the natural physiologic processes of the body to avoid pregnancy.
- q. Reproductive Health Care - refers to a full range of methods, facilities, services and supplies that contribute to reproductive and well- being by preventing and solving reproductive health related problems. The purpose of which is the enhancement of life and the holistic approach to strengthen the welfare of the family. The elements of reproductive health care include the following:
 - (a) Maternal, infant and child health and nutrition including breastfeeding;
 - (b) Family Planning information and services;
 - (c) Prevention and management of Reproductive Tract Infection (RTI), Acquired Immune Deficiency Syndrome (AIDS) and other Sexually transmitted Infection (STI);

- (d) Management of pregnancy with complication.
 - (e) Adolescent Reproductive Health Education;
 - (f) Elimination of violence against children, men and women;
 - (g) Treatment of breast and reproductive tract cancers and other gynecological condition and disorder;
 - (h) Male Reproductive Health and its responsibilities related to Reproductive Health Care;
 - (i) Prevention and treatment of infertility and other sexual dysfunctions;
 - (j) Mental Health aspect of reproductive health care;
 - (k) Promotion of environmental sanitation and upgrading of public health facilities in thereby preventing reproductive health related diseases.
- r. Reproductive Health Care Program - refers to the systematic and integrated provision of reproductive health care to all citizens especially the poor, marginalized and those vulnerable in crisis situations;
- s. Reproductive Health Rights - refers to the rights of legally married couples and other individuals concerned to decide freely and responsibly to obtain an optimum quality of reproductive health.
- t. Reproductive Health Education - refers to a lifelong learning process of providing and acquiring complete, accurate and relevant information on achieving reproductive health.
- u. Reproductive Tract Infection (RTI) - refers to sexually transmitted infections and other types of infection affecting the reproductive system;
- v. Responsible Parenthood - refers to the will, ability and commitment of parents to respond adequately to the needs and aspiration of the family and children by responsibly and freely exercising their reproductive health rights;
- w. Sexually Transmitted Infection (STI) - refers to any infection that may be acquired or passed on through sexual contact;
- x. Skilled Birth Attendance - refers to childbirth managed by a skilled attendant including the enabling condition of necessary equipment and support of functioning health system, and transport and referral facilities for emergency.

- y. Sustainable Human Development - refers to motivating people, particularly the poor and vulnerable to the center of development process. The central purpose of this undertaking is to create an enabling environment in which they can enjoy long, healthy and productive lives. This is done in a manner that promotes their basic human rights,

Sec. 5. Midwives for Skill Attendance - The Local Government Units (LGUs) with the assistance of the Department of Health (DOH), shall employ an adequate number of midwives through regular employment or service contracting subject to the provisions of the ARMM Local Government Code, to achieve minimum ratio of one(1) fulltime skilled birth attendant for every one hundred fifty (150) deliveries per year, to be based on the annual number of actual deliveries or live births for the past two (2) years; Provided, That people in geographically isolated and depressed areas shall be provided the same level of access.

Sec. 6. Emergency Obstetric Care - Each province and city, with the assistance of the Department of Health (DOH), shall establish or upgrade hospital with adequate and qualified personnel, equipment and supplies to be able to provide emergency obstetric and neonatal care. For every province, there shall be at least one (1) hospital with comprehensive emergency obstetric care and equipped every district hospital with health facilities that includes the basic emergency obstetric and neonatal care; provided, That people in geographically isolated and depressed areas shall be provided the same level of access.

Sec. 7. Access to Family Planning – All accredited health facilities in the Autonomous Region in Muslim Mindanao (ARMM) shall provide family planning services.

Sec. 8. Maternal and Newborn Health Care in Crisis Situations – The Local Government Units (LGUs) and the Department of Health (DOH) shall ensure that a Minimum Initial Service Package (MISP) for reproductive health, including maternal and neonatal health care kits and services as defined by the Department of Health (DOH), will be given proper attention in crisis situation such as disasters and humanitarian crises. Minimum Initial Service Package (MISP) shall become part of all responses by regional agencies at the onset of crisis and emergencies.

Sec. 9. Maternal Death Review – All Local Government Units (LGUs), Local Government Hospitals, and other public health units shall conduct an annual maternal death review in accordance with the guidelines set by the Department of Health (DOH).

Sec. 10. Reproductive Health Care Supplies and Medicines - supplies and essential medicines for reproductive health care shall be part all regional and local hospitals and other regional government health units.

Sec. 11. Integration of Responsible Parenthood and Family Planning Component into Anti-Poverty Programs – A multi-dimensional approach shall be adopted in the implementation of policies and programs to fight poverty. Towards this end, the Department of Health (DOH) shall endeavor to integrate a responsible parenthood and family planning component into all antipoverty and other sustainable human development programs of

government, with corresponding fund support. The Department of Health (DOH) shall provide such programs with technical support, including capacity-building and monitoring.

Sec. 12. Role of Local Government in Family Planning Programs – The Local Government Units (LGUs) shall ensure that poor families receive preferential access to services, commodities and programs for the family planning. The role of the Population Officers at municipal, city and barangay levels in the family planning effort shall be strengthened. The Barangay Health Workers and volunteers shall be capacitated to help implement this Act.

Sec. 13. Benefits for Serious and Life-Threatening Reproductive Health Conditions – All serious and life threatening reproductive health conditions such as Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS), breast and reproductive tract cancers, obstetric complications, menopausal and post-menopausal related conditions shall be given the maximum benefits as provided by PhilHealth program.

Sec. 14. Mobile Health Care Service (MHCS) – Each province of the Autonomous Region in Muslim Mindanao may be provided with at least one (1) Mobile Health Care Service in the form of van or motorized boat to island areas, the procurement and operation of which shall be funded by the Regional Autonomous Government. The Mobile Health Care Service (MHCS) shall deliver health care supplies and services to constituents, particularly to the poor and needy, and shall be used to disseminate knowledge and information on reproductive health.

The operation and maintenance of the Mobile Health Care Service (MHCS) shall be operated by skilled health providers and adequately equipped with a wide range of reproductive health care materials and information dissemination devices and equipment, the latter including, but not limited to, a television set for audiovisual presentations. All Mobile Health Care Service (MHCS) shall be operated by a focal city or municipality within a province.

Sec. 15. Reproductive Health Care Education – The Reproductive Health Care Education shall be taught by a trained teachers and /or asatidz (Arabic lecturer) in formal and non-formal educational system starting the adolescence stage. The Curriculum of the Reproductive Health Education shall be formulated by the Department of Education (DepEd) through the Bureau of Madaris, the Commission on Higher Education (CHED), the Technical Education and Skills Development Authority (TESDA), the Department Social Welfare and Development (DSWD), and the Department of Health (DOH), which shall be common to both public and private schools, madrasa and out of school youth enrollees under the Alternative Learning System.

The Reproductive Health Care Education shall include Islamic values formation, children's and women's rights, Responsible-guided relationship. Reproductive Health Care Practices and Services; Reproductive Health-related diseases such as Acquired Immune Deficiency (AID) and other sexually transmitted diseases, Breast Cancer; Gender and development Responsible parenthood; Population Development and other relevant topics in order to attain an effective Reproductive healthcare.

Sec. 16. Additional Duty of the Local Population Officer- Each Local Population Officer of every city and municipality shall furnish free instructions and information on responsible parenthood, family planning, breastfeeding, infant nutrition and other relevant aspects of this Act to all applicants for marriage license and for the solemnization of marriage consistent with the intent of Section 37 of the MMA Act 280 (The ARMM GAD Code). In the absence of a local Population Officer, Family Planning Officer under the local Health Office shall discharge the additional duty of the Population Officer.

A Certificate of Compliance may be issued for free by the Local Family Planning Officer to applicants for marriage certifying that they had duly received counseling and information on responsible parenthood, family planning, breastfeeding and infant nutrition.

Sec. 17. Capability Building of Barangay Health Workers - Barangay Health Workers and other community-based workers shall undergo training on the promotion of reproductive health.

Sec. 18. Reproductive Health Programs for Persons with Disabilities (PWDs) – The cities and municipalities must ensure that barriers to reproductive health services for Persons with Disabilities (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;
- (b) Adapting examination tables and other laboratory procedures to the needs and conditions of persons with disabilities;
- (c) Increasing access to information and communication materials on reproductive health in Braille, large print, simple language, and pictures;
- (d) Providing continuing education and inclusion rights of person with disabilities 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 persons with disabilities.

Sec. 19. Right to Reproductive Health Care Information – The Department of Health (DOH), Bureau of Public Information (BPI) as well as the Religious and Indigenous Tribal Leaders shall initiate and sustain a region-wide multi-media campaign to raise the level of public awareness regarding Reproductive Health.

Sec. 20. Implementing Mechanism – The Department of Health (DOH), Local Health Units as well as Religious and Tribal Indigenous Leaders in provinces, cities, municipalities and

barangays shall serve as the lead agencies for the implementation of this Act and shall integrate in their regular operations under the following functions:

- (a) Ensure full and efficient implementation of the Reproductive Health Care Program;
- (b) Ensure people's access to medically safe, legal, moral, effective, quality and affordable reproductive health supplies and services;
- (c) Ensure that reproductive health services are delivered with a full range of supplies, facilities and equipment and the healthcare service providers are adequately trained for such reproductive health care delivery;
- (d) Take active steps to expand the coverage of the National Health Insurance Program (NHIP), especially among poor and marginalized sector and women, including the access to the full range of health insurance benefits;
- (e) Strengthen the capacities of health regulatory agencies to ensure safe, legal, effective, quality, accessible and affordable reproductive health services thereby attaining the enforcement of regulatory mandates and mechanism;
- (f) Promulgate a set of reproductive health standards for public health facilities, which shall be included in the criteria for accreditation. A minimum reproductive health standards shall provided for the monitoring of pregnant mothers, and a package of reproductive health programs that shall be available and affordable at all levels of the public health system except in specialty hospitals where such services are provided on optional basis;
- (g) Furnish Local government Units (LGUs) with appropriate information and resources to keep them updated on current studies and researches relating to responsible parenthood, family planning, breastfeeding and infant nutrition; and
- (h) Perform such other functions necessary to attain the purposes of this Act.

Sec. 21. Regional Legislative Assembly Oversight Committee (RLAOC)- There is hereby created a Regional Legislative Assembly Oversight Committee composed of five (5) members of the Regional Legislative Assembly headed by the Chairperson of the Committee on Health and Social Services.

The Regional Legislative Assembly Oversight Committee (RLAOC) is composed of the Chairperson of the Committee on Health and social Services ; Committee on Women, Youth and Family Relations; Committee on Education, Arts and Culture; Committee on Public Information, Ethics and Privileges. The Secretariat of the Regional Legislative Assembly Oversight Committee (RLAOC) shall come from the existing Secretariat personnel of the Assembly committees concerned.

The Regional Legislative Assembly Oversight Committee (RLAOC) shall monitor and ensure the effective implementation of this Act, determine the inherent weakness and loopholes in the law recommend the necessary remedial legislation or administrative measures and shall perform such other duties and function as may be necessary to attain the objectives of this Act.

Sec. 22. Appropriations- The amount appropriated in the current annual General Appropriation Act (GAA) for Family Health and Responsible Parenting under the Department of Health (DOH) shall be allocated and utilized for the initial implementation of this Act. Such additional amount of Thirty Million Pesos is necessary to implement this Act; Provide for the upgrading of facilities necessary to meet Basic Emergency Obstetric Care and Comprehensive Emergency obstetric Care standards; train and deploy skilled health providers as provided in Section 6; improve the facilities of the present maternal and child health care units of the government hospitals and barangay health centers within the region and for the implementation of other reproductive health services, shall be included in the subsequent GAA.

Sec. 23. Reporting Requirements – Before the end of December of each year, the Department of Health (DOH) shall submit an annual report to the Regional Governor and the Speaker of the Regional Legislative Assembly. The report shall provide a definite and comprehensive assessment of the programs related to this act and recommend appropriate priorities for executive and legislative actions. The report shall be printed and distributed to all regional agencies, the Local government Units (LGUs), civil society and other stakeholders involved in the different reproductive health programs.

The annual report shall evaluate the content, implementation and impact of all policies related to reproductive health to ensure that such policies will promote, protect and fulfill reproductive health rights of the constituents of the Autonomous region.

Sec. 24. Implementing Rules and Regulations- Within Thirty (30) days from the effectivity of this Act, The Secretary of the Department of Health (DOH-ARMM) shall formulate, and adopt amendments to, the rules and regulations to carry out the objectives of this Act in consultation with the Secretaries of the Department of Education (DepEd-ARMM) involving the Bureau of Madharis (DepEd), Department of Interior and Local Government (DILG-ARMM), Department of Labor and Employment (DOLE-ARMM), the Department of Social Welfare and Development (DSWD-ARMM) , Executive Director of the Regional Planning and Development Office (RPDO), Chairman of Commission on Higher Education (CHED-ARMM), Regional Commission on Bangsamoro Women (RCBW-ARMM) Regional Budget and Management Office (RBMO), the Bureau of Public Information (BPI) of the Office of the Regional Governor, Civil Society Organization and the Assembly of the Darul Ifta of the Philippines.

Sec. 25. Separability Clause- If any part or provision of this Act is held invalid or unconstitutional, other provisions not affected thereby shall remain in force and effect. Other Legislatives fiats, statutes and ordinances that are in conflict with this law shall be construed in favor of the objectives of this Act.

Sec. 26 Repealing Clause - All other laws, decrees, orders, issuances, rules and regulations which are inconsistent with the provision of this Act are hereby repealed, amended or modified accordingly.

Sec. 27. Effectivity – This Act shall take effect fifteen (15) days after its publication in at least two (2) newspapers of general or local circulation.

APPROVED.

(SGD) RASOL Y. MITMUG, JR.
Speaker

This Act was passed by the Regional Legislative Assembly on December 13, 2012.

(SGD) DATU MAMA M. AMPATUAN
Secretary-General

APPROVED:

(SGD) MUJIV S. HATAMAN
Regional Governor

Date: _____