



Republic of the Philippines  
Department of Health  
**OFFICE OF THE SECRETARY**

JAN 26 2015

**ADMINISTRATIVE ORDER**

No. 2015-0002

**SUBJECT : Creation of a National Implementation Team (NIT) and Regional Implementation Teams (RIT) for Republic Act 10354 (Responsible Parenthood and Reproductive Health Law of 2012)**

The Responsible Parenthood and Reproductive Health Law (RPRH Law) and its Implementing Rules and Regulations (IRR) have been deemed effective with the lifting of the Status Quo Ante Order (SQAQO) by the Supreme Court last April 8, 2014. The Department of Health (DOH), as the lead implementing agency of the law and its IRR is in need of a structure which will manage the implementation of the law.

In compliance with the RPRH Law and its IRR, A National Implementation Team (NIT) for the RPRH Law is hereby created with the following tasks and functions:

1. Manage the review, modification, development, consolidation, dissemination and operationalization of all DOH orders, guidelines and circulars issued relevant to the implementation of the RPRH Law and its IRR;
2. Coordinate the actions of the agencies implementing the law and its IRR in the areas of policy development, capacity-building, advocacy, education, information, health service delivery, field operations and monitoring and evaluation;
3. Craft a unified annual work and financial plan (WFP) for the national implementation of the law beginning with the 2015 RPRH Work and Financial Plan (WFP) and endorse such for approval by the heads of agencies of the NIT for RPRH as necessary;
4. Set up a system to monitor the implementation and impact of the law and provide regular quarterly reports to the Secretary of Health;
5. Provide recommendations to the Secretary of Health to improve the implementation and impact of the RPRH Law and its IRR.
6. Prepare an annual report on the implementation of the law for approval by the Secretary of Health for reporting purposes to Congress as required by law no later than April of every year;
7. Liaise with the Congressional Oversight Committee on the RPRH Law on behalf of the Secretary of Health;
8. Respond to all matters relative to the implementation of the law; and
9. Act on any additional tasks assigned by the Secretary of Health relevant to the implementation of the RPRH Law and its IRR.

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In compliance with Section 12.01 (h) of the IRR which requires the participation and cooperation of government agencies and civil society organizations, the NIT shall be composed of representatives from concerned government agencies and civil society organizations.

The members of the NIT shall assign a representative to be designated by the heads of agencies concerned. A permanent representative preferably of Assistant Secretary rank but not lower than Director rank shall be designated; an alternate representative of not lower than Division Chief rank shall also be designated.


Individuals and representatives of civil society organizations will be invited by the DOH to voluntarily participate in the work of the National Implementation Team.

The members of the NIT for RPRH shall be composed of the following:

1. Representative, Office of the Secretary, Department of Health (DOH);
2. Representative, Central Office, DOH;
3. Representative, Commission on Population;
4. Representative, Food and Drug Authority (FDA);
5. Representative of the Disease Prevention and Control Bureau (DPCB-DOH);
6. Representative of the National Economic and Development Authority (NEDA);
7. Representative of the Department of Education (DepEd);
8. Representative of the Department of Social Welfare and Development (DSWD);
9. Representative of the Department of Interior and Local Government (DILG);
10. Representative of the Philippine Health Insurance Corporation (PhilHealth);
11. Representative of the National Anti-Poverty Commission (NAPC);
12. Representative of the Philippine Commission on Women (PCW);
13. Representative of the National Council on Disability Affairs (NCDA);
14. Representative of the Union of Local Authorities of the Philippines (ULAP); and
15. Members of Civil Society Organizations (CSO) and Individuals to be invited by the Secretary of Health.

From among the members of the NIT, the Secretary of Health shall designate a Chairperson, a Co-Chair Person and a Vice-Chair Person and head of Sretariat.

Under the supervision of the NIT, The Regional Implementation Team (RIT) shall have the following tasks and functions:

1. Manage the dissemination and implementation of all issuances pursuant to RPRH Law and its IRR at the regional and field levels;
  2. Coordinate the actions of the regional agencies implementing the law and its IRR in the areas of policy development, capacity-building, advocacy, education, information, health service delivery, field operations and monitoring and evaluation
  3. Monitor the implementation and evaluate the impact of RPRH Law and its IRR at the regional and field levels.
  4. Organize, supervise and provide technical, financial and logistical support for field operations and monitoring and evaluation activities region- wide;
  5. Provide regular reports to the NIT as required;
  6. Provide recommendations to the NIT to improve the implementation and impact of the RPRH Law and its IRR in the region.
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7. Craft an annual unified regional work and financial plan for RPRH Law implementation integrating resources from all members of the RIT;
8. Harmonize all available resources for RPRH Law implementation, including NDP, CHT, 4Ps, DTTB, and other resources at the field level; and
9. Perform additional tasks assigned by the Chair of the NIT relevant to the implementation of RPRH Law and its IRR.

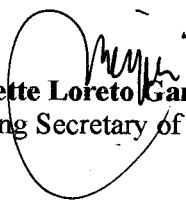
The RIT will be created as a sub-committee of the Regional Implementation Coordinating Teams (RICT) and to be organized in every region will be composed of:

1. The DOH Regional Director as Chair;
2. The POPCOM Regional Director as Co-chair and Head of the RIT Secretariat;
3. Regional Representative from the Department of Education (DepED);
4. Regional Representative from the Department of Social Welfare and Development (DSWD);
5. Regional Representative from the Department of Interior and Local Government (DILG);
6. Regional Representative from the National Economic and Development Authority (NEDA);
7. Regional Representative from the Philippine Health Insurance Corporation (PhilHealth);
8. Representative of Local Government Unit from Regional Development Council;
9. Representative(s) of Civil Society Organizations upon invitation of the RIT Chair after due consultation.

The NIT and RIT Secretariat shall be lodged at POPCOM National and Regional Offices, respectively. The NIT secretariat shall be composed of program and support staff from POPCOM, DCPB's Family Health Office (DOH) and a CSO representative.

Financial and logistical support for the operations of the NIT and RIT shall be sourced from POPCOM, FHO (DOH) and other members of NIT and RIT.

This Administrative Order shall take effect immediately.

  
**Janette Loreto Garin, MD, MBA-H**  
Acting Secretary of Health