



REPUBLIC OF THE PHILIPPINES  
**DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT**

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**November 10, 2004**

**MEMORANDUM CIRCULAR**

**NO: 2004 – 152**

**TO : ALL PROVINCIAL GOVERNORS, CITY AND MUNICIPAL  
MAYORS, DILG REGIONAL DIRECTORS AND OTHERS  
CONCERNED**

**SUBJECT : GUIDE TO LOCAL GOVERNMENT UNITS IN THE  
LOCALIZATION OF THE MILLENNIUM DEVELOPMENT GOALS**

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**I. BACKGROUND**

In September 2000, the United Nations General Assembly concluded the Millennium Summit with the adoption of the Millennium Declaration renewing global commitment to peace and human rights and setting specific goals and targets toward reducing poverty and the worst forms of human deprivation. The Millennium Development Goals (MDGs), set within 2015, affirm and reinforce the agreements on the goals and targets toward eliminating extreme poverty worldwide.

Along with all other countries, the Philippines committed to pursue all efforts to attain certain benchmarks in improving human life. These commitments are embodied in the eight key goals in the MDGs. Since 2000, the Philippines has sought to attain these goals through its medium-term development plans. The eight MDGs are:

1. Eradicate extreme poverty and hunger,
2. Achieve universal primary education,
3. Promote gender equality and empower women,
4. Reduce child mortality,
5. Improve maternal health,
6. Combat HIVs/AIDs, malaria and other infectious diseases,
7. Ensure environmental sustainability, and
8. Develop a global partnership for development.

Meeting the requirements of the MDGs will entail collaborative efforts of major stakeholders - the national and local government units (LGUs) as well as the private sector through related interventions geared toward mainstreaming the MDGs in the local development agenda.

## II. LOCALIZING THE MDGs

Goals 1 to 7 are local government unit mandates, pursuant to Section 16 of the Local Government Code of 1991 on the promotion of public health and safety, enhancement of people’s right to a balanced ecology, enhancement of economic prosperity and social justice, promotion of full employment among the residents, maintenance of peace and order and preservation of the comfort and convenience of the inhabitants, among others. MDG 8 transcends the national borders and refers to global partnerships for development.

### A. A Poverty Focused Plan and Budget

In view of these, LGUs are encouraged to intensify efforts in the implementation of programs, projects and activities (PPAs) toward the achievement of the MDGs. LGUs are expected to increase their budgetary allocations for basic social services responsive to MDGs.

Below are several options to guide LGUs in responding to MDGs:

MDGs and Targets	LGU Options to Address MDGs
<b><i>Goal 1: Eradicate Extreme Poverty and Hunger</i></b>	
<p><b><u>Targets:</u></b></p> <ol style="list-style-type: none"> <li>1. Reduce by 50% the number of people living in extreme poverty between 1990-2015</li> <li>2. Reduce by 50% the number of population below the minimum level of dietary energy consumption and reduce by 50% the number of underweight children (under five years old)</li> <li>3. Reduce by 50% the number of people with no access to safe drinking water or those who cannot afford it by 2015</li> </ol>	<ul style="list-style-type: none"> <li>• Provision of livelihood and employment opportunities for marginalized group through community enterprise and skills training.</li> <li>• Assist the poor farmers and small producers in the processing and marketing of their products</li> <li>• Provision of basic training on household food security such as home gardening, backyard livestock industry and inland fishing; and provision of support services, e.g. seeds, credit, etc.</li> <li>• Construction/installation of solar dryer, multi-purpose pavement, post harvest facilities, food processing, rice and corn mills, warehouses</li> <li>• Construction/maintenance of public access such as roads, farm to market roads, foot bridge/bridge</li> <li>• Provision of farm equipment, supplies and other farm inputs</li> <li>• Provision of safe drinking water by installing low cost water supply like hand-pumps, gravity fed systems, rain water collection, shallow/deep/artesian tube wells and constructing of infrastructures for potable water system</li> <li>• Development/construction of low cost sanitation facilities like ventilated improved pit privy (VIP) and other latrines</li> <li>• Provision of basic hygiene education and training for households</li> <li>• Promotion and enforcement of food fortification law and ASIN Law</li> <li>• Sustenance of supplementary feeding and “Operation Timbang”</li> </ul>

MDGs and Targets	LGU Options to Address MDGs
<b>Goal 2: Achieve Universal Primary Education</b>	
<p><b><u>Target:</u></b></p> <p>Achieve universal access to primary education by 2015</p>	<ul style="list-style-type: none"> <li>• Construction/rehabilitation of school facilities such as school buildings with toilets and water supply, clinics, public libraries, basic science laboratory rooms</li> <li>• Construction and maintenance of access roads going to schools</li> <li>• Construction/maintenance of day care centers and pre-school institutions</li> <li>• Purchase of books, desks and other school equipments</li> <li>• Implementation of school-based nutrition programs such as School Milk Project, National Feeding Program, Breakfast Feeding Program, and Dental Health Program</li> <li>• Provision of day care center teachers/workers and instructional materials (ECCD Law)</li> <li>• Promotion of Early Childhood Care Development (ECCD)/Bright Child Program in all day care centers</li> <li>• Provision of transport assistance for school children in geographically hard to reach areas</li> </ul>
<b>Goal 3: Promote Gender Equality and Empower Women</b>	
<p><b><u>Target:</u></b></p> <p>Eliminate gender disparity in primary and secondary education, preferably by 2005, and all levels of education not later than 2015</p>	<ul style="list-style-type: none"> <li>• Allocation of 5% LGU budget for gender and development programs/projects/activities (PPAs) addressing MDGs</li> <li>• Provision of livelihood for marginalized women</li> <li>• Establishment of Women's Desk</li> <li>• Conduct of livelihood and vocational training activities for women</li> <li>• Full implementation and enforcement of laws on violence against women and children</li> <li>• Promotion of equal access of women and men to training and employment opportunities</li> <li>• Ensure participation of women in local special bodies (LSBs)</li> </ul>
<b>Goal 4: Reduce Child Mortality</b>	
<p><b><u>Target:</u></b></p> <p>Reduce children under-five mortality rate by 67% by 2015</p>	<ul style="list-style-type: none"> <li>• Immunization of all children against tuberculosis, diphtheria pertussis, tetanus, measles and Hepatitis B before reaching 1 year old</li> <li>• Provision of one dose Vitamin A <ul style="list-style-type: none"> <li>○ once a year to all children 6-11 months</li> <li>○ at least twice a year to all children 1-5 years old</li> </ul> </li> <li>• Promotion of exclusive Breast Feeding up to 6 months and continues breast feeding up to 2 years</li> <li>• Promotion of new-born screening for congenital metabolic disorders</li> <li>• Provision of iron supplements for low-birth weight infants and anemic children</li> </ul>

MDGs and Targets	LGU Options to Address MDGs
<b>Goal 4: Reduce Child Mortality</b> (continued ...)	
	<ul style="list-style-type: none"> <li>• Mandatory weighing of children 0-71 months to monitor growth and nutritional status according to the following schedule: <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> all 0-24 months old children years old once a month</li> <li><input checked="" type="checkbox"/> all 0-71 months children whose weights are below normal once a month</li> <li><input checked="" type="checkbox"/> all 25-71 months old children quarterly</li> <li><input checked="" type="checkbox"/> all 0-71 months old children twice a year</li> </ul> </li> <li>• Sustenance of supplementary feeding programs and “Operation Timbang”/growth monitoring (i.e. weighing scales, weight-for-age table, ECCD card)</li> <li>• Promotion of complementary feeding of lugaw and other nutritious food (GO, GROW and GLOW foods) for all children starting 6 mos. old</li> <li>• Provision of de-worming drugs among 2-5 years old children twice a year</li> <li>• Implementation of Integrated Management of Childhood Illness (IMCI) in all health facilities and provision of essential drugs for IMCI</li> <li>• Provision of training for parents on food production, food preparation, food fortification and basic nutrition, and proper care for children</li> <li>• Provision of infrastructure facilities such as health centers, day care centers, primary/secondary health care centers</li> </ul>
<b>Goal 5: Improved Women’s Reproductive Health</b>	
<p><b><u>Targets:</u></b></p> <ol style="list-style-type: none"> <li>1. Reduce maternal mortality rate by 75% by 2015</li> <li>2. Increase access to reproductive health services to 60% by 2005, 80% by 2010 &amp; 100% by 2015</li> </ol>	<ul style="list-style-type: none"> <li>• Conduct of advocacy and other related services on the following reproductive health (RH) elements: <ul style="list-style-type: none"> <li>➤ Family Planning (FP) <ul style="list-style-type: none"> <li><input type="checkbox"/> All method including voluntary sterilization service (VSS) be made available to all men and women of reproductive age</li> <li><input type="checkbox"/> Establishment of functional Community-Based Management Information System (CBMIS) for family planning and other RH services</li> <li><input type="checkbox"/> Provision of family planning education, counseling services including VSS and contraceptives for both men and women of reproductive age</li> <li><input type="checkbox"/> Ensure adequate supply of contraceptive commodity for current users and new acceptors</li> <li><input type="checkbox"/> Resolution on the adoption and implementation of Contraceptive Self Reliance (CSR) on Family Planning</li> <li><input type="checkbox"/> Promotion of and education on shared parenting responsibilities</li> </ul> </li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>➤ Maternal Child Health and Nutrition <ul style="list-style-type: none"> <li>❑ Provision of comprehensive pre-natal, natal and post-natal care for all pregnant women</li> <li>❑ Provision of iron tablets and vitamin A capsules for pregnant and lactating mothers</li> <li>❑ Establishment/upgrading primary hospitals, maternal clinics and other health facilities to provide obstetric care</li> <li>❑ Increase access to basic and comprehensive emergency obstetric care</li> <li>❑ Promotion of facility-based delivery among pregnant women</li> <li>❑ Supplemental feeding for malnourished pregnant women</li> </ul> </li> <li>➤ Violence Against Women and Children (VAWC) <ul style="list-style-type: none"> <li>❑ Provision of medical, legal, psychological services to victim-survivors</li> <li>❑ Protection and re-integration of victims-survivors of violence against women and children</li> <li>❑ Ensure the participation of the community in preventing VAWC and protection of VAWC victim-survivors</li> <li>❑ Provision of counseling services to perpetrators of VAWC</li> </ul> </li> <li>➤ Men's Reproductive Health <ul style="list-style-type: none"> <li>❑ Increase male involvement in reproductive health activities</li> </ul> </li> <li>➤ Adolescent Reproductive Health (ARH) <ul style="list-style-type: none"> <li>❑ Massive education on fertility, responsible sexuality and healthy development including healthy lifestyle through formal education or outreach activity for young people</li> <li>❑ Educate parents on fertility, sexuality and RH and mobilize them for the provision of information to young people</li> <li>❑ Provision of health services and counseling</li> </ul> </li> <li>➤ Education and Counselling on Sexuality and Sexual Education <ul style="list-style-type: none"> <li>❑ Conduct of fertility awareness campaign and responsible parenthood</li> </ul> </li> <li>➤ Prevention and Treatment of Reproductive Tract Infections (RTIs)/STD/HIV/AIDS</li> <li>➤ Breast and Reproductive Tract Cancers <ul style="list-style-type: none"> <li>❑ Provision of breast and cancer prevention and treatment services (e.g. acetic acid wash, papsmear, screening, referral) in selected RHU facilities</li> </ul> </li> <li>➤ Prevention and Management of Abortion and its Complications <ul style="list-style-type: none"> <li>❑ Counseling services incorporated in Family Planning</li> </ul> </li> <li>• Development of capabilities of health workers in the areas of maternal care, childbirth, family planning PMAC, VAWC, ARH and other health care services</li> </ul>
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MDGs and Targets	LGU Options to Address MDGs
<b>Goal 6: Combat HIV/AIDS, Malaria and Other Diseases</b>	
<p><b><u>Targets:</u></b></p> <ol style="list-style-type: none"> <li>1. Prevent the spread and halt HIV/AIDS by 2015</li> <li>2. Reduce the incidence of malaria and other major infectious diseases and halt by 2015</li> </ol>	<ul style="list-style-type: none"> <li>• Massive information campaign/social mobilization on values-based sexuality education, AIDS/dangers of AIDS, how to prevent AIDS</li> <li>• Promotion and provision of AIDS prevention services such as counseling, and STI/HIV/AIDS management in health facilities</li> <li>• Establishment of behavioral surveillance system on STI/HIV/AIDS infected persons</li> <li>• Procurement of drugs and other logistic support for STI/HIV/AIDS, malaria, TB and other diseases</li> <li>• Provide necessary health services and treatment for the vulnerable groups against STI/HIV/AIDS, malaria, TB and other diseases</li> <li>• Establishment and strengthening of “TB Network”</li> <li>• Implementation of comprehensive cleanliness program such de-clogging and maintenance of canals, etc.</li> <li>• Encourage full support of private sector especially owners of bars/nightclubs/hotels and other related establishments to participate in education and awareness of sex workers</li> </ul>

MDGs and Targets	LGU Options to Address MDGs
<b>Goal 7: Ensure environmental sustainability</b>	
<p><b><u>Targets:</u></b></p> <ol style="list-style-type: none"> <li>1. Implement national strategies for sustainable development by 2005 and to reverse loss of environmental resources by 2015</li> <li>2. Achieve a significant improvement in the lives of at least 100 million slum dwellers</li> </ol>	<ul style="list-style-type: none"> <li>• Rehabilitate, protect and maintain community watershed areas in collaboration with other agencies</li> <li>• Enforcement of forest laws, rules and regulations in community watershed communal forest and other devolved areas</li> <li>• Implementation of devolved community-based forestry management project which includes integrated social forestry in communal forest</li> <li>• Establishment of parks, greenbelt and other similar forest development projects</li> <li>• Protection of Integrated Protected Area System</li> <li>• Formulation/implementation of 10-year Solid Waste Management Plan</li> <li>• Establishment of Material Recovery Facilities (MRF) in every barangay or cluster of barangays</li> <li>• Encourage private sector participation to: <ul style="list-style-type: none"> <li>➢ initiate, participate, and invest in ecological solid waste management projects</li> <li>➢ manufacture environment friendly products</li> <li>➢ undertake community activities to promote effective solid waste management</li> </ul> </li> <li>• Closure and/or conversion of open dumpsite into controlled dumpsite, and eventual establishment of sanitary land fill</li> <li>• Massive info campaign on solid waste management</li> <li>• Formulation/implementation of comprehensive land use plans (CLUPs) and enforcement of zoning ordinances (ZOs)</li> <li>• Provision of sites for socialized housing purposes</li> <li>• Conduct of inventory for beneficiaries of socialized housing projects</li> <li>• Provide livelihood facilities and initiate community organizing activities in relocation sites</li> <li>• Implement “Gawad Kalinga” type and other housing projects</li> </ul>

## **B. LOCAL POVERTY DIAGNOSIS AND MONITORING**

In order to determine the appropriate interventions and to focus target beneficiary, it is important to know the nature and extent of poverty in a particular locality. Local government units may use existing information that can be generated from the following monitoring instruments such as:

1. Local Government Performance Measurement System (LGPMS),
2. Minimum Basic Needs-Community Based Poverty Indicator System (MBN-CBIS), and Community Based Poverty Indicator and Monitoring System (MBN-CBPIMS),
3. Integrated Rural Accessibility Planning (IRAP),

4. Community-Based Monitoring System (CBMS), and
5. other local monitoring tools

LGUs may also diagnose their situation using the **Core Local Poverty Indicators Monitoring System (CLPIMS)**. These are the set of carefully selected human development and income-based indicators dedicated to diagnose and monitor poverty situation which was adopted during the 7<sup>th</sup> En Banc Meeting of the National Anti-Poverty Commission through **En Banc Resolution No. 7**. and disseminated at the local levels through **DILG Memorandum Circular 2003-92 on April 2003**. An additional indicator on maternal health was included to harmonize the CLPI with the MDGs.

Below are the (13 CLPI +1) indicators that may be used to assess LGU situation and gather baseline information to institute measures to help meet the country's MDGs by 2015:

<b>MDG</b>	<b>Core Local Poverty Indicators (CLPIs)</b>
<b>Goal 1: Eradicate extreme poverty and hunger</b>	<ul style="list-style-type: none"> <li>● Proportion of households with income less than the poverty threshold</li> </ul>
	<ul style="list-style-type: none"> <li>● Proportion of households with income less than the food threshold</li> </ul>
	<ul style="list-style-type: none"> <li>● Proportion of persons aged 15 years old and above who are not working but are actively seeking work</li> </ul>
	<ul style="list-style-type: none"> <li>● Proportion of children 0-5 years old who are moderately and severely underweight (below normal-low and below normal-very low)</li> </ul>
	<ul style="list-style-type: none"> <li>● Proportion of households who eat less than three full meals a day</li> </ul>
	<ul style="list-style-type: none"> <li>● Proportion of household members victimized by crime</li> </ul>
<b>Goal 2: Achieve universal primary education</b>	<ul style="list-style-type: none"> <li>● Proportion of 6-12 year-old children who are not in elementary school</li> </ul>
	<ul style="list-style-type: none"> <li>● Proportion of 13-16 year-olds who are not in secondary school</li> </ul>
<b>Goal 3: Promote gender equality</b>	(can be generated from indicators Goal 2 since data are gender disaggregated)
<b>Goal 4: Reduce child mortality</b>	<ul style="list-style-type: none"> <li>● Proportion of children under five years old who died</li> </ul>
<b>Goal 5: Improve maternal health</b>	<ul style="list-style-type: none"> <li>● Proportion of women who died due to pregnancy related causes</li> </ul>



<b>Goal 6: Combat HIV/AIDS, malaria, and other infectious diseases</b>	• Proportion of households without access to safe water
	• Proportion of households without sanitary toilets
<b>Goal 7: Ensure environmental sustainability</b>	• Proportion of households who are squatters
	• Proportion of households with makeshift housing

**C. IMPROVED SERVICE DELIVERY THROUGH REPLICATION OF GOOD PRACTICES RESPONSIVE TO MDGs**

A number of LGUs have already demonstrated good local governance practices specifically in trying to address MDG concerns. These LGUs use their innovative and indigenous mechanisms to provide basic social services.

In view of this, LGUs are encouraged to replicate the exemplary practices of other LGUs with good practices in responding to the needs of the local communities and in response to the millennium development goals.

**II. RESPONSIBILITIES OF DILG**

The Bureau of Local Government Development (BLGD) and DILG Regional Offices are directed to spearhead the advocacy of the localization of the MDGs, and institute tools and mechanisms for the localization and monitoring of LGU responses.

The DILG Regional and Provincial Offices shall spearhead the advocacy on the MDG at the local government units within their respective jurisdictions, and provide the necessary assistance on the implementation of this Circular.

DILG Regional Offices are also directed to update the Office of the SILG, through the BLGD on the status of the localization of MDG and LGU compliance to this Circular.

For the guidance and compliance of all concerned



**ANGELO T. REYES**  
Secretary



Republic of the Philippines  
DEPARTMENT OF THE INTERIOR  
AND LOCAL GOVERNMENT

IN REPLYING, PLS CITE:  
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