

DEPARTMENT OF THE INTERIOR AND LOCAL GOVERNMENT

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July 16, 2008

MEMORANDUM CIRCULAR

NO: 2008-111

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

SUBJECT : AMENDMENT TO DILG MEMORANDUM CIRCULAR No. 2004-152: GUIDE TO LOCAL GOVERNMENT UNITS IN THE LOCALIZATION OF THE MILLENNIUM DEVELOPMENT GOALS

The Department issued Memorandum Circular No. 2004-152 dated November 10, 2004 providing guidelines to local government units on the localization of the MDGs. Consistent with the assessment on the progress of localizing the MDGs and some studies conducted recently by various institutions and organizations, MDG Goal 5 and Targets under Memorandum Circular No. 2004-152 is hereby amended to read as follows:

Goal 5: Improved Maternal Health

MDGs and Targets	LGU Options to Address MDGs
Target Reduce maternal mortality rate by 75% by 2015	Conduct of advocacy and other related services on the following: <ul style="list-style-type: none">o <i>Maternal child health and Nutrition</i><ul style="list-style-type: none">□ <i>Provision of comprehensive pre-natal, natal and post-natal care for all pregnant women</i>□ <i>Provision of iron tablets for pregnant mothers and lactating mothers</i>□ <i>Provision of Vitamin A to pregnant mothers</i>□ <i>Establishment/upgrading primary hospitals, maternal clinics and other health facilities to provide obstetric care</i>□ <i>Promotion of facility-based delivery among pregnant women by skilled birth attendants</i>□ <i>Increase access to basic and comprehensive emergency obstetric care</i>□ <i>Supplemental feeding for malnourished pregnant women</i>o <i>Violence Against Women and Children (VAWC)</i><ul style="list-style-type: none">□ <i>Provision of medical, legal, psychological services to victim-survivors</i>□ <i>Protection and re-integration of victims-survivors of violence against women and children</i>□ <i>Ensure the participation of the community in preventing VAWC and protection of VAWC victim-survivors</i>□ <i>Provision of counseling services to perpetrators of VAWC</i>

Health
Nutrition
Women
LGU
Guidelines

MDGs and Targets	LGU Options to Address MDGs
	<ul style="list-style-type: none"> ○ <i>Prevention and Treatment of Reproductive Tract Infections (RTIs)/STD/HIV/AIDS</i> ○ <i>Breast and Reproductive Tract Cancers</i> <ul style="list-style-type: none"> □ <i>Provision of breast and cancer prevention and treatment services (e.g. acetic acid wash, pap smear, screening, referral) in selected RHU facilities</i>

All DILG Regional Directors and Field Officers are hereby directed to cause the immediate and widest dissemination of this Memorandum Circular to all concerned, and to submit report to the Office of the Secretary thru the BLGD on LGU compliance to this Memorandum Circular.

For the guidance and compliance of all concerned.


RONALDO V. PUNO
 Secretary



LGU MENU OF OPTIONS FOR MDGs (Programs, Projects and Activities to meet the goals and targets of MDGs)

MDGs and Targets	LGU Options to Address MDGs
Goal 1: Eradicate Extreme Poverty and Hunger	
<p><u>Targets:</u></p> <p>1. Reduce by 50% the number of people living in extreme poverty between 1990-2015</p> <p>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)</p> <p>3. Reduce by 50% the number of people with no access to safe drinking water or those who cannot afford it by 2015</p>	<ul style="list-style-type: none"> • Provision of livelihood and employment opportunities for marginalized group through community enterprise and skills training. • Assist the poor farmers and small producers in the processing and marketing of their products • 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. • Construction/installation of solar dryer, multi-purpose pavement, post harvest facilities, food processing, rice and corn mills, warehouses • Construction/maintenance of public access such as roads, farm to market roads, foot bridge/bridge • Provision of farm equipment, supplies and other farm inputs • 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 • Development/construction of low cost sanitation facilities like ventilated improved pit privy (VIP) and other latrines • Provision of basic hygiene education and training for households • Promotion and enforcement of food fortification law and ASIN Law • Sustenance of supplementary feeding and “Operation Timbang”

MDGs and Targets	LGU Options to Address MDGs
Goal 2: Achieve Universal Primary Education	
<p><u>Target:</u></p> <p>Achieve universal access to primary education by 2015</p>	<ul style="list-style-type: none">• Construction/rehabilitation of school facilities such as school buildings with toilets and water supply, clinics, public libraries, basic science laboratory rooms• Construction and maintenance of access roads going to schools• Construction/maintenance of day care centers and pre-school institutions• Purchase of books, desks and other school equipments• Implementation of school-based nutrition programs such as School Milk Project, National Feeding Program, Breakfast Feeding Program, and Dental Health Program• Provision of day care center teachers/workers and instructional materials (ECCD Law)• Promotion of Early Childhood Care Development (ECCD)/Bright Child Program in all day care centers• Provision of transport assistance for school children in geographically hard to reach areas
Goal 3: Promote Gender Equality and Empower Women	
<p><u>Target:</u></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">• Allocation of 5% LGU budget for gender and development programs/projects/activities (PPAs) addressing MDGs• Provision of livelihood for marginalized women• Establishment of Women's Desk• Conduct of livelihood and vocational training activities for women• Full implementation and enforcement of laws on violence against women and children• Promotion of equal access of women and men to training and employment opportunities• Ensure participation of women in local special bodies (LSBs)

MDGs and Targets	LGU Options to Address MDGs
Goal 4: Reduce Child Mortality (continued ...)	
<p><u>Target:</u></p> <p>Reduce children under-five mortality rate by 67% by 2015</p>	<ul style="list-style-type: none">• Immunization of all children against tuberculosis, diphtheria pertussis, tetanus, measles and Hepatitis B before reaching 1 year old• Provision of one dose Vitamin A<ul style="list-style-type: none">○ once a year to all children 6-11 months○ at least twice a year to all children 1-5 years old• Promotion of exclusive Breast Feeding up to 6 months and continues breast feeding up to 2 years• Promotion of new-born screening for congenital metabolic disorders• Provision of iron supplements for low-birth weight infants and anemic children
	<ul style="list-style-type: none">• Mandatory weighing of children 0-71 months to monitor growth and nutritional status according to the following schedule:<ul style="list-style-type: none">☑ all 0-24 months old children years old once a month☑ all 0-71 months children whose weights are below normal once a month☑ all 25-71 months old children quarterly☑ all 0-71 months old children twice a year• Sustenance of supplementary feeding programs and “Operation Timbang”/growth monitoring (i.e. weighing scales, weight-for-age table, ECCD card)• Promotion of complementary feeding of lugaw and other nutritious food (GO, GROW and GLOW foods) for all children starting 6 mos. old• Provision of de-worming drugs among 2-5 years old children twice a year• Implementation of Integrated Management of Childhood Illness (IMCI) in all health facilities and provision of essential drugs for IMCI• Provision of training for parents on food production, food preparation, food fortification and basic nutrition, and proper care for children• Provision of infrastructure facilities such as health centers, day care centers, primary/secondary health care centers

Goal 5: Improved Women's Reproductive Health

Targets:

1. Reduce maternal mortality rate by 75% by 2015
2. Increase access to reproductive health services to 60% by 2005, 80% by 2010 & 100% by 2015

- Conduct of advocacy and other related services on the following reproductive health (RH) elements:
 - Family Planning (FP)
 - ❑ All method including voluntary sterilization service (VSS) be made available to all men and women of reproductive age
 - ❑ Establishment of functional Community-Based Management Information System (CBMIS) for family planning and other RH services
 - ❑ Provision of family planning education, counseling services including VSS and contraceptives for both men and women of reproductive age
 - ❑ Ensure adequate supply of contraceptive commodity for current users and new acceptors
 - ❑ Resolution on the adoption and implementation of Contraceptive Self Reliance (CSR) on Family Planning
 - ❑ Promotion of and education on shared parenting responsibilities
 - Maternal Child Health and Nutrition
 - ❑ Provision of comprehensive pre-natal, natal and post-natal care for all pregnant women
 - ❑ Provision of iron tablets and vitamin A capsules for pregnant and lactating mothers
 - ❑ Establishment/upgrading primary hospitals, maternal clinics and other health facilities to provide obstetric care
 - ❑ Increase access to basic and comprehensive emergency obstetric care
 - ❑ Promotion of facility-based delivery among pregnant women
 - ❑ Supplemental feeding for malnourished pregnant women
 - Violence Against Women and Children (VAWC)
 - ❑ Provision of medical, legal, psychological services to victim-survivors
 - ❑ Protection and re-integration of victims-survivors of violence against women and children
 - ❑ Ensure the participation of the community in preventing VAWC and protection of VAWC victim-survivors
 - ❑ Provision of counseling services to perpetrators of VAWC
 - ❑ activities

	<ul style="list-style-type: none">➤ Men's Reproductive Health➤ Increase male involvement in reproductive health Adolescent Reproductive Health (ARH)<ul style="list-style-type: none">❑ Massive education on fertility, responsible sexuality and healthy development including healthy lifestyle through formal education or outreach activity for young people❑ Educate parents on fertility, sexuality and RH and mobilize them for the provision of information to young people❑ Provision of health services and counseling➤ Education and Counselling on Sexuality and Sexual Education<ul style="list-style-type: none">❑ Conduct of fertility awareness campaign and responsible parenthood➤ Prevention and Treatment of Reproductive Tract Infections (RTIs)/STD/HIV/AIDS➤ Breast and Reproductive Tract Cancers<ul style="list-style-type: none">❑ Provision of breast and cancer prevention and treatment services (e.g. acetic acid wash, papsmear, screening, referral) in selected RHU facilities➤ Prevention and Management of Abortion and its Complications<ul style="list-style-type: none">❑ Counseling services incorporated in Family Planning• Development of capabilities of health workers in the areas of maternal care, childbirth, family planning PMAC, VAWC, ARH and other health care services
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MDGs and Targets	LGU Options to Address MDGs
Goal 6: Combat HIV/AIDs, Malaria and Other Diseases	
<p><u>Targets:</u></p> <p>1. Prevent the spread and halt HIV/AIDs by 2015</p> <p>2. Reduce the incidence of malaria and other major infectious diseases and halt by 2015</p>	<ul style="list-style-type: none">• Massive information campaign/social mobilization on values-based sexuality education, AIDS/dangers of AIDS, how to prevent AIDS• Promotion and provision of AIDs prevention services such as counseling, and STI/HIV/AIDs management in health facilities• Establishment of behavioral surveillance system on STI/HIV/AIDs infected persons• Procurement of drugs and other logistic support for STI/HIV/AIDS, malaria, TB and other diseases• Provide necessary health services and treatment for the vulnerable groups against STI/HIV/AIDs, malaria, TB and other diseases• Establishment and strengthening of “TB Network”• Implementation of comprehensive cleanliness program such de-clogging and maintenance of canals, etc.• 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

MILLENNIUM DEVELOPMENT GOALS (MDG) LOCALIZATION

As a signatory to the Millennium Declaration in 2000, the Philippines together with 189 UN member states committed to address the global targets set against the eight (8) Millennium Development Goals (MDGs).

The Millennium Development Goals are the world's time-bound and quantified targets for addressing extreme poverty and worst form of human deprivation in its many dimensions-income poverty, hunger, disease, lack of adequate shelter, and exclusion-while promoting gender equality, education, and environment sustainability. The eight MDGs are:

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

LGU Roles on MDG Localization

As frontline institutions, the LGUs have significant roles to play to realize the MDGs. For most part, the achievement of the MDG targets largely depends on the delivery of devolved services.

As provided under the Local Government Code of 1991 or Republic Act 7160, local government units (LGUs) assume the primary responsibility for the provision of basic services and facilities and the improvement of the quality of life of their constituents. Section 16 and 17 particularly, enumerates LGU basic services such as:

- 1. promotion of health and safety,
- 2. enhancement of people's right to a balanced ecology,
- 3. promotion of ecological balance and economic prosperity and social justice,
- 4. maintenance of peace and order, and comfort and convenience of their inhabitants among others.

Likewise, the Social Reform and Poverty Alleviation Act of 1997 gives the LGUs the frontline role in the fight against poverty. The law tasks the LGUs to be responsible in the formulation, implementation, monitoring and evaluation of the Anti-Poverty Reduction Agenda within their area of jurisdiction.

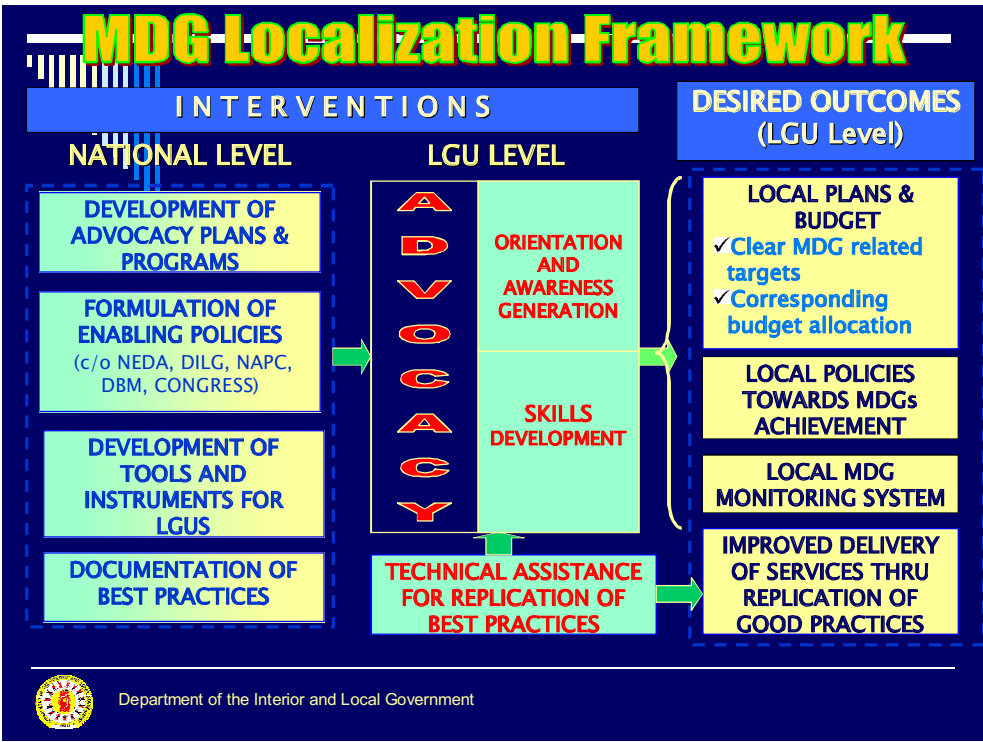
The Department of Interior and Local Government, through its Bureau of Local Government Development, has taken on the responsibility of localizing the MDGs localization by virtue of Social Development Council (SDC) Resolution No.1 Series of 2003 mandating the DILG to take the lead in MDG localization.

The MDG Localization Framework

The national government provides the enabling environment for the LGUs to be aware, committed and capacitated to address the MDG targets in the locality. The DILG developed the MDG Localization framework to guide all localization efforts and initiatives. The MDG localization framework identified a set of desired outcomes for an MDG responsive LGU which includes the following:

- (1) a local development plan incorporating the MDG targets and corresponding increase budget allocation for MDG-responsive PPAs,
- (2) local policies that facilitate the achievement of the MDGs;
- (3) local monitoring system to benchmark LGU contribution in the attainment of MDG targets and to track down accomplishments vis-à-vis targets; and
- (4) improved delivery of basic services through replication of good practices, and
- (5) inclusion of accomplishment of MDG targets as one of the performance commitments of the LGUs.

To attain the outcomes under the localization framework, LGUs need to be equipped with knowledge and skills through interventions such as: (a) advocacy, (b) policy formulation, (c) development of tools and instruments, and (d) documentation of good practices.



Approaches in Localizing the MDGs

Several approaches are being carried out by the DILG in capacitating LGUs to contribute to the attainment of the MDGs and uplifting the quality of life of their constituents. These interventions are particularly stated in DILG MC No. 2004-152 "Guide to Local Government Units in the Localization of the MDGs" dated November 2004, which provides for the: (a) menu of PPAs per MDG goal and target to guide LGUs in responding to MDGs; (b) diagnosis of local situation using existing local indicators and monitoring system; and (c) call for documentation and replication of good practices.

1. Poverty Planning and Resource Allocation for Basic Social Services

First, LGUs are encouraged to formulate their Local Poverty Reduction Action Plans/Agenda and prioritize local budgets for focused interventions for the poor and vulnerable sectors. Due to the limited resources of LGUs, priority should be given to the delivery of basic services which would directly impact on poverty reduction. In addressing this concern, a menu of options or a list of local services which have direct impacts on the achievement of the MDGs have been identified.

The LGU Options recommend specific projects and activities which LGUs may implement to address the MDG targets under each goal. With these options, LGUs are expected to increase their budgetary allocation for basic social services responsive to MDGs.

2. Documentation of MDG-related Good Practices

Second, LGUs are assisted to improve delivery of basic services by replicating award-winning innovations of other LGUs in providing effective and efficient services to their constituents. An inventory and documentation of MDG Good Practices in Mindanao was developed through the partnership with the Mindanao Economic Development Council (MEDCO) and United National Development Programme (UNDP).

The inventory showcases model practices which can be replicated in other LGUs such as:

1. Partnership between the LGU and an NGO to combat HIV/AIDS;
2. Improving local revenue generations to provide for delivery of basic services;
3. Promoting volunteerism and self-help in communities;
4. Capacity building of households to address minimum basic needs; and
5. Introducing rewards system to improve service delivery of barangays.

3. *MDG Benchmarking and Local Progress Monitoring*

Third, LGUs are being capacitated to institutionalize a local monitoring system for poverty diagnosis and planning and tracking down resources for poverty projects.

Developing targets, or targeting, has been a major weakness of most LGUs in the country as they lack reliable/credible baseline data, particularly poverty statistics. More often than not, LGUs rely on centrally produced data like NSO/NSCB data for their planning. These data however are not disaggregated at the municipal/city government and barangay government level - the lower level LGUs that are primarily at the forefront of policy or program execution – thereby making it difficult for proper targeting and programming.

A number of local monitoring systems has been developed and are being used at the local level (e.g. MBN-CBIS, MBN-CBPIMS, IRAP, MIMAP-CBMS). A consensus among various government agencies agreed to review the existing monitoring tools and establish a core set of comparable core indicators across monitoring systems. This resulted to adoption of the Core Local Poverty Indicators (CLPIs). These are carefully selected human development and income-based indicators from the different local poverty monitoring systems existing at the local level. An additional indicator on maternal health was included to harmonize the CLPIs with the MDGs.