[DOH ADMINISTRATIVE ORDER NO. 2010-0027, June 25, 2010]

AMENDMENT TO ADMINISTRATIVE ORDER NO. 158, SERIES OF 2004 ENTITLED "GUIDELINES ON THE MANAGEMENT OF DONATED COMMODITIES UNDER THE CONTRACEPTIVE SELF-RELIANCE STRATEGY"

I. Background and Rationale:

In line with the broad objectives and directives of the Guidelines of the Management of Donated Commodities under the Contraceptive Self-Reliance Strategy (CSR), Local Government Units (LGUs have been oriented and provided with tools to facilitate CSR localization and operationalization in their respective localities. Based on the 2008 CSR Rapid Assessment survey commissioned by DOH, it was reported that half of the 76 provincial LGUs procured oral contraceptives in 2007 but most purchases were below the required volume of commodities. Moreover, a majority of the independent cities have procured commodities however approximately 17 city LGUs (37 percent) procured their full requirement.

Based on the recent Millenium Development Goals (MDG) report, MDG 5 which targets the reduction of maternal deaths by 75% and universal access to reproductive health services by 2015 is the MDG least likely to be achieved by the country. Evidences have shown that providing access to reproductive health services such as safe deliveries and family planning services have the combined potential of lowering maternal mortality by 75 percent and significantly reducing newborn deaths as families plan the number and spacing of their children. Despite efforts towards this goal, the 2008 National Demographic and Health Survey (NDHS) data showed no significant change over the years in contraceptive prevalence rate (CPR) and total fertility rate (TFR), especially in the poor regions and among households belonging to the poorest economic quintiles.

The CPR for modern methods among married women of reproductive age (MWRA) remained almost unchanged (34 percent in 2008 versus 33 percent in 2003). Similarly, despite efforts to reduce the use of traditional methods through "massive" promotion of "scientific" Natural Family Planning methods, the 2008 survey demonstrated that the practice of traditional family planning methods remained at 16 percent, and of "scientific" Natural Family Planning methods at about 1%. In 2008 NDHS, the total unmet need for FP increased to 22 percent (with the lowest wealth quintile at 28 percent) as compared to the 2003 NDHS Report of 17 percent. While adolescents (15-19 year old) who started childbearing have increased over the years, the CPR for modern method among 15-49 year-old women of reproductive age (WRA) remained at 22 percent. Pregnancy at a very young age results in a higher risk of dying due to pregnancy-related complications, inability of the girls to finish their education and will also compromise the health of the newborn.

Poor women have more children than they desire compared to rich women. Due to the lack of access to FP commodities, women from lower socio-economic status bear more children as compared to the rich women. The bottom line is that poor women are at the disadvantage of not being able to access the appropriate services they need to ensure that they will have healthier and more productive lives for their families and communities.

In keeping with the constitutional mandate that the State shall protect and promote the people's right to health, the country's national family planning program was promulgated as an essential health program of the Government of the Philippines. Its basic policy centers on the premise that couples have the right and responsibility to decide how many children to have, in accordance with their beliefs, preferences and needs, the laws of the country and the demands of responsible parenthood.

The current policy A.O No. 158, s. 2004 dated 9 July 2004 is hereby amended to incorporate policy directives crucial to the overall framework of contraceptive self-reliance strategy to ensure reproductive health commodity security (RHCS).

This Administrative Order provides guidelines regarding the orderly, fair and beneficial disposition of available contraceptives in a manner that maximizes the opportunities for all domestic stakeholders of the national family planning program to take appropriate pro-active steps to protect and assure continued access to contraceptives of all Filipinos who need these vital public health commodities. In line with the Government's commitment to the MDGs, particularly in the attainment of MDG 5, and the Maternal, Newborn, Child Health Nutrition (MNCHN) Strategy, the efficient management of limited public sector resources including FP/RH commodities is extremely important.

II. Goal and Objectives

Overall Goal: To ensure the availability and accessibility of all family planning methods including modern family planning and RH commodities.

A. General Objective

To formulate and implement critical policies and plans, complementary actions and supportive measures which are necessary to improve access to FP services and to ensure RH commodity security to eliminate unmet needs for FP/RH services.

B. Specific Objectives

1. To ensure provision of free FP/RH commodities to poor women who want and need them.
2. To establish procurement systems that will ensure efficient, adequate and timely supply of RH commodities.
3. To revitalize the Logistic Management Information System (LMIS) in tracking down the distribution, storage and utilization of those commodities.
4. To develop mechanisms for RH commodity security at all levels.

III. Coverage

This Administrative Order shall apply to all DOH offices, bureaus, units and facilities including all of its attached agencies. Also within the scope of this Order are other offices and other instrumentalities, which include but are not limited to the

following: local government, or non-governmental or private organizations, agencies or entities that provide FP and RH services.

IV. Definition of Terms

1. Contraceptive Self-Reliance (CSR) – A multi-sectoral effort which seeks to ensure the country's self-sufficiency in Family Planning services. It requires tha capacity to forecast, finance, procure and deliver Family Planning services and contraceptives to all men and women who need them, when they need them.

2. Contraceptive Prevalence Rate (CPR) – A measure of the extent of contraceptive practice among a defined population group at a time. The numerator consists of the number of women practicing contraception, including male-partner oriented methods. The total number of women of reproductive age in the group is used as denominator.

3. Local Government Units (LGUs) – LGUs are defined, for this purpose, as provincial and chartered city governments contained in the DOH Contraceptive Distribution and Logistics Management Information System (CDLMIS) list, and are therefore directly receiving their contraceptive supplies from the Department of Health. In turn, provincial LGUs distribute to their component cities and municipalities.

4. Reproductive Health Commodity Security (RHCS) – is defined as ensuring a secure supply of quality contraceptives to meet every person's needs at the time that he/she needs it.

5. Contraceptive Distribution and Logistics Management Information System (CDLMIS) – is a nationwide contraceptive delivey system that is operated and maintained by the Department of Health (DOH). The system ensures an adequate and continuous flow of supply of contraceptives to all the delivery sites and service facilities covered by CDLMIS, including Provincial/City Health Offices (P/CHOs), Rural Health Units (RHUs) Hospitals, other Government Offices (GOs), Non-Governmental Organizations (NGOs) and affiliated industry-based clinics.

V. Policy Goals/Statements

A. The attainment of the desired family size and spacing of children shall be ensured through the use of family planning methods.

B. The government is committed to ensuring that all Filipino couples can attain their desired family size and birth spacing according to their respective beliefs, preferences, and needs in accordance with Philippine Laws and the demands of responsible parenthood.

C. The government's commitment to supporting couple's attainment of their desired family size and birth spacing is consistent with increasing the overall contraceptive prevalence rate (CPR).

D. Potential users of FP who are poor shall have, within the means available to LGUs and the DOH, priority access to free or subsidized public sector-provided/supported commodities.

E. Potential users who are NOT poor should also have ready sources of affordable, accessible and convenient contraceptive supplies through their own purchaseS or

through subsidized provisions by better-off local government units which can afford to do so.

VI. Contraceptive Self-Reliance (CSR) Framework towards RH Commodity Security

A. Contraceptive Self-Reliance Strategy

1. The national government shall work with local governments and partners to assure that FP/RH commodities are accessible at all times to current and potential users particularly disadvantaged women and men with unmet needs.

2. Government and donor financing schemes that support free or subsidized distribution of contraceptives is an appropriate mechanism for meeting the needs of the poor with no or little means to pay.

3. Development of complementary means of financing contraceptive and RH commodity supply shall be initiated through a variety of options such as but not limited to Philippine Health Insurance Corporation (PhilHealth), employer benefits, cooperatives, and out-of-pocket financing of affordably priced contraceptives and RH supplies.

4. A mechanism of procurement of FP and RH commodities shall be established using the most cost-efficient mode of procurement such as the United Nations (UN) procurement system and other reliable procurement systems that will ensure cost effective, economical and quality products

5. National and local governments shall receive donations of contraceptives and RH commodities from any local and foreign sources and shall distribute these commodities for free to eligible users using centrally-managed logistic information system.

6. Expansion of complementary outlet as source of contraceptive supplies and RH commodities shall be instituted, in addition to government facility outlets which are currently the main source for serving disadvantage communities. Routine access and greater coverage of these services can also be done for the population through self-help community-based distribution systems, non-government organization (NGO) outlets, private and commercial providers and workplace-based outlets.

Section B. Support Mechanisms:

1. Information, communication and public education should be provided with key messages and essential knowledge appropriately designed to specific target population

2. Technical assistance needs of stakeholders shall be identified and be linked with appropriate technical assistance providers.

3. Training needs shall be assessed and be supported.

4. Support with other reproductive health commodities will be established and maintained.

5. Localities included in project/program sites of development partners shall include CSR/RHCS as part of their activities.

VII. General Guidelines: