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Department of Health
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ADMINISTRATIVE ORDER
No. 50-A s. 2001

SUBJECT: National Family Planning Policy

I. Background/Rationale

The government recognizes the population issue as a priority. As such the government needs to adopt policies that will take into consideration population and reproductive health approaches that respect Filipino culture and values as well as equality between men and women. Moreover, these policies should support the ultimate goal of putting people at the center of development as espoused during the International Conference on Population and Development.

Towards this end, the Department of Health established the Reproductive Health (RH) Program in 1998 with the goal of providing universal access to quality RH services. Family Planning (FP) is one of the critical elements under this program. Furthermore, the DOH has set population development and family planning as priority interventions in its vision of "Health For All" with the end-view of attaining better quality of life for all Filipinos with special focus on the poor.

Under the context of the Reproductive Health Approach, the Philippine Family Planning (FP) Program has been refocused from a demographically driven program to one that promotes FP as a health intervention to promote the health all Filipinos but with special attention to women and children. It aims to yield improvements in health status, attainment of desired fertility and eventually population growth that matches economic growth thereby contributing to sustainable development.

This Order is issued to prescribe the key policies for family planning services as an element of Reproductive Health.

Signed AO
Received in the Records
Section on 10/18/01

II. Coverage and Scope

The National Family Planning Policy shall apply to all government and non-government institutions whose primary concern is the provision of reproductive health services including family planning.

Family planning as a health intervention shall be made available to all men and women of reproductive age (15-44 years old) including those reproducing earlier or beyond this age bracket. It shall focus on the following modern FP methods:

1. Natural Family Planning (NFP)
2. Pills
3. Condoms
4. Hormonal Injectables / Depo- Medroxyprogesterone Acetate (DMPA)
5. Intrauterine Devise (IUD)
6. Lactational Amenorrhea Method (LAM)
7. Voluntary Surgical Sterilization (VSS) :
   Bilateral Tubal Ligation (BTL)
   Vasectomy

III. Definition of Terms

Maternal Mortality Ratio (MMR) – The number of deaths among women during pregnancy, childbirth and the puerperium per 100,000 live births in a given year.

Infant Mortality Rate (IMR) - The number of deaths among infants under 1 year of age in a given year per 1,000 live births in that year.

Under Five Mortality Rate (U5MR) - The number of deaths among children 0 to under 5 years old per 1,000 live births in that year.

Total Fertility Rate (TFR)– The average number of children that would be born alive to a woman (or group of women) during her lifetime if she were to pass through her childbearing years. This also conforms to the age specific fertility rates of a given year.

Contraceptive Prevalence Rate (CPR) – A measure of the extent of contraceptive practice among a defined population group at a point in time. The numerator and denominator generally come from household surveys with numerator consisting of the number of defined women estimated to be practicing contraception, including male-partner oriented methods

Contraceptive Interdependence Initiative (CII) – refers to the phasing in of endogenous resources like government, commercial sector and non-government in financing contraceptives while also considering assistance from foreign donors.

IV. Policy Framework

A. Vision

Empowered men and women living healthy, productive, fulfilling lives and exercising the right to manage and regulate their own fertility through quality, medically sound and legally permissible family planning methods.

B. Mission

The DOH, in partnership with Local Government Units (LGUs), Non-Government Organizations (NGOs), the private sectors and communities, shall ensure the availability of FP information and services to men and women who need them.

C. Goal

To provide universal access to family planning information and services whenever and wherever these are needed.

D. General Objectives

The program shall address the need to help couples and individuals achieve their desired family size within the context of responsible parenthood and improve their reproductive health towards the attainment of sustainable development. It aims to ensure that quality family planning services are available in all DOH-retained hospitals, LGU-managed health facilities, other Government Organizations, NGOs, and the private sector.

E. Specific Objectives

As an indirect measure of program impact, the following specific objectives are to be attained by Year 2004:

1. To reduce :

    a. **Maternal Mortality Rate** from 172 deaths/100,000 LB in 1998 to less than 100 deaths/100,000 LB.
    b. **Infant Mortality Rate** from 35.3 deaths/1000 LB in 1998 to 32 deaths/1000 LB.
    c. **Under 5 Mortality Rate** from 48 deaths/1000 LB in 1998 to 33.6 deaths/1000 LB
    d. **Total Fertility Rate** from 3.7 children per woman in 1998 to 2.7 children per woman (the desired fertility rate in 1998).

2. To increase:

    a. **Contraceptive Prevalence Rate** from 46.5 % in 1998 to 57.04%.

b. Proportion of modern family planning method use from 28.2 % in 1998 to 50.54%.

V. Policy Statements

Family planning services shall be promoted in the country based on the following program policies:

1. ***Family Planning as a health intervention***. The program is positioned as a health intervention initiative to promote the overall health of Filipinos, specifically women and children. Family planning will significantly contribute to the reduction in maternal and infant deaths in the country.

2. ***Family Planning as a means to prevent high-risk pregnancies***. Currently, an estimated 7 million women of reproductive are considered high risk for pregnancy because they are:

    a. too young (less than 18 years old)
    or too old (over 34 years old)
    b. have 4 or more pregnancies
    c. have closely spaced pregnancies (women need at least 2 years to completely recover their health from the physical stress or burden of pregnancy)
    d. concurrently ill (they have existing diseases or disorders like iron deficiency anemia)

    Even faced with these risks, at least 2.6 million of these women are expected to become pregnant each year.

3. ***Family Planning as a means to reduce maternal deaths***. The leading cause of death among women of reproductive age is related to pregnancy and child bearing. Post-partum hemorrhage tops this list followed by hypertensive disorders of pregnancy (pre-eclampsia and eclampsia).

4. ***Family Planning as a means to prevent abortions.*** One in six pregnancies in the Philippines ends up in illegal abortion because they are either unplanned or unwanted. There are an estimated 300,000 to 400,000 cases of illegal abortions each year, many of which end up with complications such as sepsis or death.

5. ***Family planning as a reproductive right for women***. Family Planning services shall be delivered to respond to the unmet needs and demands of women. Currently, at least 2 million married women of reproductive age wanted to practice family planning but cannot do so because of a variety of reasons, including lack of access to family planning services:

    1.1 million of this women wanted to stop giving birth altogether
    0.9 million wanted to space their pregnancies

6. ***Family Planning as means towards responsible parenthood.*** Successful families don't happen by accident. Planning for the future reflects the will and the ability to respond to the needs of the family and children. Family planning should be geared toward helping support the family as the basic unit of society and promote its welfare, values and unity.

7. ***Family Planning as a means to reduce poverty.*** Family Planning shall contribute to national development through the provision of opportunities to improve the health of men, women and children to enable them to participate actively in socio-economic development. The program therefore shall provide a special focus to respond to the FP needs of poor communities in urban and rural areas.

   Population growth needs to be matched by economic productivity to support sustainable development. Otherwise any real increase in economic performance will be readily negated by a rapid growth in population size.

Given the above policies, Family Planning program services are to be delivered within the context of the following principles:

a. Respect for the sanctity of life. Family Planning aims to prevent abortions and therefore can save the lives of both women and children.

b. Respect for human rights. Family planning services will be made available using only medically and legally permissible methods appropriate to the health status of the client. Family Planning services shall be provided regardless of the client's sex, number of children, religion, sexual orientation, moral background, occupation, socio-economic status, cultural and political affiliation.

c. The freedom of choice and voluntary decisions. Couples and individuals will make family planning decisions based on informed choice including their own moral, cultural or religious beliefs.

d. Respect for the right of clients to determine their desired family size. Couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children.

Operational Policies

Organization and Management

Improvement of organizational support to service delivery

1. The DOH - Center for Family and Environmental Health (CFEH) is designated as the lead agency for family planning management. As such it shall be responsible for:

   - Policy, standards, guidelines, plan, program & project development which shall be consistent with the DOH major policies: Health Sector Reform Agenda, National Objectives for Health and Sentrong Sigla Movement.

- Inter-agency collaboration and coordination of FP activities and other initiatives through established mechanisms
- Overseeing the implementation of FP program and projects
- Provision of required technical assistance to the Centers for Health Development (CHD) and partner agencies
- Generation and mobilization of resources for FP
- Ensuring the availability of FP commodities.

2. The DOH - CFEH shall further ensure the sustainability of the FP by exploring the most appropriate policies and measures concerning fund generation, mobilization, programming and utilization in support to Contraceptive Interdependence Initiative (CII) e.g. inclusion of budget in the general appropriations act (GAA) for procurement of contraceptives.

3. DOH - CFEH shall ensure the expansion of FP insurance benefits to include other FP services under the National Health Insurance Program.

4. The Commission on Population (POPCOM) shall primarily be responsible for national population policy & advocacy and for providing both institutional support to all agencies involved in population and development.

5. DOH Retained Hospitals, LGUs, other GOs, private sectors and NGOs shall be the implementing agencies for FP.

6. All DOH Retained hospitals shall ensure the provision of modern FP methods. It shall create FP itinerant teams and make them available for dispatch to respond to the needs for surgical methods especially in urban and rural poor communities. These hospitals shall likewise provide a budget to support the operations of the FP itinerant teams, including the procurement of necessary medical supplies and drugs for use of indigent clients.

   FP shall form part of standard services to be delivered by these hospitals in all its medical missions and outreach activities.

7. All implementing agencies shall endeavor to be competent, effective, self-reliant and abide by the principles, policies and guidelines provided by the FP. It shall also promote and establish the mechanisms for information, resource and technology sharing in order to achieve the goals of the FP program. All these health facilities providing FP services shall ensure a functional 2-way referral system.

8. Monitoring and evaluation, research and development shall be an integral part of the FP implementation process at all levels.

Service Delivery

Improvement of access to quality Family Planning services

1. Quality care shall be promoted and ensured in the provision of FP services.

2. The provision of Family Planning services shall be integrated with other services related to Reproductive Health.

3. In urban and rural poor communities, a home service delivery strategy should be implemented to further increase access of potential clients to FP services.

4. Volunteer health workers adequately trained for FP should be recruited to support the home service delivery strategy. VHWs should be properly supervised and regularly monitored by organic health personnel of the LGU and/or the CHD.

5. The following FP method mix shall be made available in all government health service facilities and encouraged in private facilities: pills, condoms, injectable, IUD, NFP, LAM, Bilateral Tubal Ligation (BTL) and Vasectomy.

6. The provision of Voluntary Surgical Sterilization (VSS) services should be done according to DOH standards. It shall be promoted as the first option for couples who have expressed completion of their desired family size.

7. Accredited health facilities shall claim reimbursement from the Philippine Health Insurance Corporation (PHIC) for VSS services performed on National Health Insurance Program cardholders.

8. Social marketing programs for FP commodities and services should be encouraged and supported.

Information, Education, Communication (IEC)

Intensification of information, education and counseling efforts

1. The DOH - National Center for Health Promotion (NCHP) and CFEH shall set the standards in the development of family planning Information, Education, Communication (IEC) materials.

2. The CFEH shall provide technical assistance in the development of prototype FP - IEC materials and in the conduct of other innovative IEC strategies / activities such as:
    - Development of communication plan
    - Message development, creative work, packaging of information, monitoring and evaluation.
    - Community organizing/ social mobilization
    - Knowledge, Attitude and Practice (KAP) survey
    - Orientation on FP

3. All FP IEC materials to be developed or produced by participating agencies shall be consistent with the DOH-Health Promotion and CFEH standards and in consonance with the general and specific messages disseminated by the DOH.

4. FP IEC materials shall be made available and accessible to men, women and children of all ages. Full, balanced and accurate information on all FP methods shall be made available through all health service facilities, and other media.

Training

Enhancement of Capability-building for FP service providers

1. All categories of FP personnel such as field supervisors / coordinators, program managers and service providers (doctors, nurses and midwives) both in the public and private sectors, shall undergo training on the relevant training courses utilizing the prescribed / accredited curricula in order to maintain the provision of quality of care. Service Information Providers (SIP) shall be equipped with minimum training requirement on the 10 elements of RH.

2. All training curricula, training evaluation standards on FP shall be developed / updated in collaboration with the Department of Health - Health Human Resource Development Bureau (HHRDB) with technical assistance from the CFEH.

3. Only certified-trained providers will be allowed to provide FP services.

4. Trained FP service providers shall undergo periodic refresher courses/ training at least every 5 years to update on recent development and trends.

5. Only accredited training institutions with certified training staff should manage and conduct FP training courses.Post training follow up of participants and evaluation of training shall be the responsibility of CHD, NGO and LGU trainers in collaboration with corresponding training institutions.

6. Accreditation of training curricula and other materials shall be done by FP accreditation body composed of trainers from HHRDB and CFEH as members while the accreditation of training institutions and trainers shall be the responsibility of a Regional Accreditation body composed of training experts from public and private sector.

Logistics

Improvement of logistics management

1. The Procurement and Logistic Service (PLS) shall ensure that quality, legally and medically safe contraceptives are available and accessible through a system called Contraceptive Distribution and Logistics Management Information System (CDLMIS). The PLS shall be responsible for facilitating the release of contraceptives from the Bureau of Customs and delivery of same to various consignees.

2. The PLS shall ensure the accurate and timely forecasting of contraceptives with technical assistance from CFEH.

Research and Information-base

Improvement of management information system for evidence-based decision making

1. Priority shall be given to policy, operations researches to include health systems development and epidemiological studies with direct relevance to policy formulation, improvement of program management and decision making.

2. Multi and inter-disciplinary approaches in research shall be encouraged between researchers and implementers to optimize the efficiency and benefits derived from these researches.

3. In accordance with the policy that all health related researches should pass through the DOH - Health Policy Development & Planning Bureau (HPDPB), all FP related researches shall initially be referred to CFEH for review / comments and recommendation to HPDPB.

4. All research findings should be translated into user-friendly information for full appreciation, dissemination and utilization by all stakeholders and program workers.

5. FP researches should be part of RH Data Management System to ensure availability and accessibility of FP information.

6. DOH-HPDPB and the CFEH shall provide technical assistance on research capability building at the LGU level.

Health Financing

Mobilization of more investments for FP

As stated in the Health Sector Reform Agenda, the Philippine Health Insurance Corporation shall be a key partner in the mobilization of investments in FP program. Health insurance benefits for FP will be improved and expanded under the National Health Insurance Program.

Furthermore, to encourage self-sufficiency and eliminated dependence on foreign donors for FP services and commodities, the program shall adopt the recommendations of the technical working groups on the Contraceptive Inter-dependence Initiative (CII). The CII will segment the population and will ensure the availability of commodities for all segments through direct subsidy, health insurance, socialized pricing and/or commercial procurement.

Regulatory Policies

1. The DOH - CFEH shall provide technical inputs to National Center for Health Facility Development in the development of standards and guidelines on accreditation of FP facilities and standard operating procedures for FP implementation in all health facilities.

2. The DOH - CFEH shall provide technical inputs to the HHRDB in the development of standards on accreditation of FP training institution and service providers.

3. The CHD shall be responsible in the accreditation of FP facilities.

4. The CHD shall be responsible in the accreditation of FP training Institutions and FP service providers.

5. All existing FP facilities and FP training Institutions shall be re-accredited every 3 years.

6. All FP IEC materials developed by the programs / projects and other partner agencies should pass through the DOH - CFEH or CHD for technical review before reproduction and dissemination.

7. All drugs, medical instruments and equipment shall be regulated by Bureau of Food and Drug (BFAD) and Bureau of Health Devices and Technology (BHDT).

Quality Assurance

The Family Planning element of RH in all aspects of implementation shall apply the standards and concepts set by Sentrong Sigla (SS) to ensure quality health services. Only facilities offering the complete range or options of FP methods shall be certified Sentrong Sigla. The CFEH shall work in partnership with the SS Steering Committee to ensure that quality standards are developed and updated to conform with program structures and directions.

Monitoring and Evaluation

For efficient and effective planning and program implementation, the conduct of regular monitoring and evaluation shall be ensured through:

1. A quarterly FP program review at the provincial level to include non-government organizations at the city and municipal level shall be conducted by the Provincial Health Office with the presence of program manager from the CHD.

2. FP semi-annual program review shall be conducted by CHD.

3. FP annual evaluation report shall be forwarded to CFEH by the CHD.

4. FP Annual Evaluation and Planning workshop shall be conducted by health zones.

5. The CFEH shall prepare the FP directional and 5-year strategic plan as well as the annual FP status report.

VI. Effectivity

This order shall take effect immediately.

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Secretary of Health