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Department of Health
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ADMINISTRATIVE ORDER

No. 132 s. 2004

SUBJECT: Creating the DOH Natural Family Planning Program and its Program Management

I. Rationale

Article XV, Section 3-A of the 1987 Constitution of the Republic of the Philippines emphasizes "*The right of spouses to found a family in accordance with their religious convictions and the demands of responsible parenthood.*" While the government as a whole recognizes the demographic dimension of Family Planning (FP) initiatives, the Department of Health (DOH) as the lead agency, is concerned with FP and Natural Family Planning (NFP) solely for the health advantages that ought to be enjoyed by individual families.

The Philippine FP Program gives premium to the health needs of the population by providing clients with high quality care and by enhancing the efficiency and effectiveness of health service delivery. The DOH issued in January 1998 Administrative Order (AO) No. 1-A, *Creation of Philippine Reproductive Health Program*, which has FP as one of its identified priority health care services. The DOH then issued AO No. 50-A s. 2001, *National Family Planning Policy*, to prescribe the key policies for FP services as element of reproductive health, focusing on seven (7) modern FP methods including NFP. AO No. 125, s. 2002 was issued defining the *NFP Strategic Plan, 2002 – 2006* which calls for the setting up of structures and activities necessary in the mainstreaming of NFP. This policy specifies the modern accepted methods of NFP, stressing the medical and sociological advantages of the approach, as well as its high efficacy of 96 – 98% user effectiveness (International Journal on Fertility, 1986).

The government has the responsibility to provide information on medically-safe and socially-acceptable means towards enabling reproductive-age couples attain their respective family life aspirations. There is a **policy directive for the DOH to anchor FP Programs on these four pillars: Responsible Parenthood, Birth Spacing, Informed Choice, and Respect for Life.**

To operationalize this directive and to better equip and inform couples, the DOH is providing a wider range of FP options covering all natural and existing modern artificial FP methods. Recognizing the challenge of reducing the 20.5% unmet need for FP and particularly increasing the 0.2% NFP current user (2002, NSO-FPS), the DOH shall be employing a two-track strategy - one program to operationalize NFP and another program to run the existing FP. This order shall prescribe guidelines for the establishment of the NFP program for it to acquire a *distinct, discrete personality* all its own and as separate program from the existing FP program. Through the NFP program, the DOH envisions to work more closely with groups and partners which want to promote NFP exclusively and in the long run mainstream NFP in the Philippine Society.

II. Vision

Filipino families enjoying the benefits of responsible parenthood through the practice of safe, affordable, and efficacious methods of planning their families so they may attain their respective family life aspirations through means that are in consonance with their personal preferences and moral principles.

III. Mission

The DOH, in partnership with Local Government Units (LGUs), Non-Government Organizations, church groups and religious organizations, civic groups, and other interested organizations shall promote and teach modern methods of NFP to couples of reproductive age who prefer the approach over the use of artificial methods.

IV. Objectives

General

To make appropriate NFP advocacy and services available to Filipinos of reproductive age to enable them to truly exercise informed choice in attaining their desired family size according to their own family life aspirations, thereby attaining Responsible Parenthood.

Specific

1. To reduce the incidence of unplanned pregnancies among couples who have chosen to use natural means, but have been taught methods that ignores fertility awareness, or have found NFP difficult or perplexing;
2. To enable sub-fertile couples achieve pregnancy when desired through the full application of their knowledge on fertility awareness and the various NFP methods available, minimizing the need for artificial reproductive technologies for this purpose; and
3. To reduce the incidence of unwanted and risk pregnancies, sexually-transmitted infections, and social problems associated with illicit sex practices through the values-orientation dimension of its training modules, and through the accompanying advocacy initiatives taken by both government and its partners.

V. Policy Statements

1. The general principles of NFP as provided for under AO No. 125 s. 2002 shall continue to be the primary basis of the NFP program.
2. The NFP Program shall recognize only the modern NFP methods that have been acknowledged by international authorities and NFP service providers, and subject to extensive testing to ascertain their efficacy and scientific validity. These include Cervical Mucus (Billings Ovulation) Method, Basal Body Temperature method, and the Sympto-Thermal Method which are all fertility awareness-based methods of planning pregnancies, and the Lactational Amenorrhea Method which is a method used by breastfeeding mothers to delay the onset of subsequent ovulation so as to postpone subsequent pregnancy.
3. The Program shall no longer include methods that are not founded on fertility awareness on the part of the couple or of the woman whose ovulatory cycle is of concern.
4. The Standard Days Method (SDM), while regarded as an innovation, is, nevertheless, another calendar-based method wherein, through computer modeling using menstrual cycle data from large groups of women, a population-based fertile window is identified. These findings are translated into a necklace where the population-based fertile window is colored differently. A rubber is used to mark the days of the women's cycle. While this method is still under study, it should be used only as an adjunct with the other already established modern NFP methods and should not be preferred over the other NFP methods.

5. Fertility awareness orientation shall be the main mechanism of advocacy for NFP and may be targeted to the health providers, the general public aged 15-49 years, especially adolescents and young adults in various settings such as the school, community and other venues of education and communication

VI. Implementing Mechanism

To expedite the implementation of this program on a nationwide basis, the following bodies/units are created and/or mobilized:

A. DOH Natural Family Planning Management Committee (DOH-NFPMC)

The DOH-NFPMC shall report to the Director of the National Center for Disease Prevention and Control and coordinate with the National NFP Committee (NNFPC). This is an ad-hoc group created under Department Order No. 266-C. S.2002 and Department Order No. 2-J s.2003, which is primarily tasked to provide advice to the Secretary of Health on the policy and implementation issues for NFP.

The DOH-NFPMC shall function as follows:

1. Develop policies, plans and guidelines including investment plans for the strengthened implementation of the NFP Program and ensure that these are in line with the policies and goals of the DOH;
2. Ensure that NFP is mainstreamed in all relevant DOH programs as well as in all national and local activities;
3. Enhance harmonious networking and proper coordination among stakeholders;
4. Encourage the development of innovative projects and strategies in providing access to NFP services;
5. Ensure the full support of and sustained commitment for NFP activities from national agencies and local government units, non-government organizations and the private sector; and
6. Facilitate the accreditation of other agencies or institutions, whether government or non-government, desirous of working in cooperation with the DOH in mainstreaming NFP.

B. Regional NFP Program Manager

The DOH NFP Program shall be implemented through all the CHDs. As such, NFP Program Managers shall be appointed in each of the CHDs.

The Regional NFP Program Manager shall be under the administrative supervision of the Regional Director and shall be under the technical supervision of the DOH-NFPMC. He/she shall constantly communicate with the DOH-NFPMC at the DOH Central Office for instruction, guidance, updates, monitoring, and other forms of technical support and supervision.

The Regional NFP Program Manager shall function as follows:

1. Develop policies, plans, and guidelines including investment plans for the strengthened implementation of the NFP Program for the Region and ensure that these are in line with the policies, goals, and directives of the DOH central office;
2. Ensure that NFP is mainstreamed in all relevant DOH programs in the Region as well as in all activities conducted by the CHD, ascertaining that all health workers are aware of the program and its basic principles;
3. Organize and periodically convene the Regional NFP Committee composed of individuals from government or non-government organizations that are already actively involved in providing NFP services using the modern methods;
4. Organize training of trainer sessions for selected health workers, community workers, and the like who would be subsequently tasked to provide NFP services in their respective locales;
5. Monitor the progress and quality of NFP service delivery at the local level;
6. Enhance harmonious networking and proper coordination among local stakeholders, including Church and religious groups vis-à-vis the NFP program;
7. Ensure the full support of and sustained commitment for NFP activities from local government units, non-government organizations, and the private sector;
8. Coordinate with the DOH-NFPMC for periodic instructions, advocacy materials, program directives, training, and monitoring; and
9. Submit monthly reports to the CHD Director, and the DOH-NFPMC on the accomplishments, status, and plans of the Regional NFP Program.

VIII. Funding

All expenses incurred during the meetings shall be charged to the National Center for Disease Prevention and Control Funds and / or Family Health and Primary Health Care Program Funds. Further, regional meetings and other related expenses shall be charged from the regional NFP budget allocation.

IX. Repealing Clause

This Order rescinds all other orders and circulars that are in inconsistent with the provisions of this issuance.

X. Effectivity

This Order shall take effect immediately.


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Secretary of Health