



Republic of the Philippines
PROVINCE OF PANGASINAN
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OFFICE OF THE SANGGUNIANG PANLALAWIGAN SECRETARY

CERTIFICATION

TO WHOM IT MAY CONCERN:

THIS IS TO CERTIFY that at the regular session duly constituted of the Sangguniang Panlalawigan, Province of Pangasinan, held on September 3, 2012 at Lingayen, Pangasinan, the following provincial ordinance was approved:

Authored by SP Member Jeremy Agerico B. Rosario

PROVINCIAL ORDINANCE NO. 164-2012

AN ORDINANCE ESTABLISHING AND ADOPTING SET OF MEASURES AND SYSTEMS SUPPORTING MATERNAL NEONATAL AND CHILD HEALTH AND NUTRITION (MNCHN) STRATEGY OF THE DEPARTMENT OF HEALTH

WHEREAS, the government of the Philippines is one of the signatories in the UN Millennium Declaration that translated into a roadmap a set of goals that targets reduction of poverty, hunger and ill health;

WHEREAS, the Department of Health issued Administrative Order 2008-0029 known as "Implementing Health Reforms for Rapid Reduction of Maternal and Neonatal Mortality" and the strategy identifies coordinated intervention at each life stage towards improvements of intermediate health outcomes such as antenatal care (ANC), facility based delivery (FBD), contraceptive prevalence rate (CPR), and fully immunized children (FIC);

WHEREAS, the DOH AO 2010-0036 establishes the need to implement the Universal Health Care Program (UHC) that is directed towards achieving better health outcomes, sustained health financing and more responsive health system while ensuring that all Filipinos, especially the disadvantaged groups, have equitable access to affordable health care;

WHEREAS, pregnancy and childbirth are among the leading causes of death, disease and disability in women of reproductive age in developing countries;

WHEREAS, as statistics show, almost 4,600 Filipino women die while giving birth each year translating into more than 10 mothers dying every day, leaving more than 30 children motherless; Maternal Mortality Report 2005. Estimates developed by WHO, UNICEF, UNFPA and World Bank 2005;



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WHEREAS, of the total under-five deaths, (34/1000 live births) more than two thirds (25/1000 live births) occur before the child's first birthday; National Demographic Health Survey 2008;

WHEREAS, there are thirty three (33) numbers of maternal deaths and one hundred forty (140) number of neonatal deaths recorded in the Province of Pangasinan in the year 2011. (FHSIS, Tracking Report on Maternal and Neonatal Death);

WHEREAS, the Philippines Millennium Development Goals (MDG) target is lagging behind in reducing maternal and infant mortality. These two indicators are still at 162 per 100,000 live births and 25 per 1,000 live births respectively (2005 Family Planning Survey (FPS) and 2008 National Demographic Health Survey (NDHS), with 2015 Millennium Development Goals (MDG) targets at 52 and 19, respectively;

WHEREAS, the Philippine government committed to work towards the reduction of maternal mortality ratio by three quarters and under-five mortality by two thirds by 2015 at all cost;

WHEREAS, steadfast on its duties and commitment to uphold and protect the lives of its constituents and to make the province the best place to raise a family, the Pangasinan Provincial Government deems it imperative and appropriate to establish and adopt measures to reduce, if not finally eliminate, maternal and infant deaths in the province;

NOW, THEREFORE, on motion of SP Member Jeremy Agerico B. Rosario, duly seconded, be it ordained by the Sangguniang Panlalawigan that:

SECTION 1. TITLE – This ordinance shall be known as AN ORDINANCE ESTABLISHING AND ADOPTING SET OF MEASURES AND SYSTEMS SUPPORTING MATERNAL NEONATAL AND CHILD HEALTH AND NUTRITION (MNCHN) STRATEGY OF THE DEPARTMENT OF HEALTH.

SECTION 2. DECLARATION OF POLICY – The Province of Pangasinan hereby adopts measures to uphold and protect the lives of its constituents in line with the pursuit of sustainable human development that values human dignity and offers full protection to women and their unborn babies. It is the policy of this Provincial Ordinance to best deliver MNCHN Strategy through an area-wide LGU –led, network of public and private providers capable of delivering the core package of Maternal, Newborn, Child Health and Nutrition (MNCHN) services.

SECTION 3. OPERATIVE PRINCIPLES/PURPOSES. This Ordinance shall have the following purposes:



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- a. To strengthen the province-wide health system as a unit for planning, organizing and implementing the MNCHN strategy.
- b. To engage local stakeholders and establish public-private partnerships and mechanisms to support the goal of rapidly reducing maternal and neonatal mortality.
- c. To capacitate and mobilize health service delivery network to deliver a continuum of MNCHN services.
- d. To develop and support demand generation interventions to improve health seeking behaviours and service utilization in localities.
- e. To develop and support establishment, operations and maintenance of monitoring and evaluation mechanisms in public and private facilities for local implementation of the MNCHN strategy.

SECTION 4. DEFINITION OF TERMS – For purposes of this ordinance, the following terms shall be defined as follows:

1. **Antenatal Care Coverage (ANC)** – is an indicator of access and use of health care during pregnancy. It constitutes screening for health and socioeconomic conditions likely to increase the possibility of specific adverse pregnancy outcomes, providing therapeutic interventions known to be effective and educating pregnant women about planning for safe childbirth (facility-based deliveries), emergencies during pregnancy and how to deal with them.
2. **Contraceptive Prevalence Rate (CPR)** – is the proportion of women age 15-49 years reporting current use of a modern method.
3. **Infant Mortality Rate (IMR)** – refers to the number of infant dying before reaching the age of one year per 1,000 live births in a given year. It represents an important component of under-five mortality rate.
4. **Integrated MNCHN Service** – is a package of services for women and children covering a spectrum of known cost effective public health and clinical management measures capable of reducing exposure to and severity of risks for maternal and neonatal deaths, as well as preventing their direct causes, that are within the capacity of the health system to routinely provide.
5. **Maternal, Neonatal and Child Health and Nutrition (MNCHN) Service Delivery Network** - refers to the network of facilities and providers (public and private) within a province and (chartered) city health system offering integrated MNCHN services in a coordinated manner, including the support to financing, communication and transportation systems.



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6. **Maternal Mortality Ratio (MMR)** – refers to the number of maternal deaths per 100,000 Live Birth. Maternal Death is a death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and the site of pregnancy from any cause related to aggravated by the pregnancy or its management but not from accidental or incidental cause.
7. **MNCHN Core Service Package** - consists of health services that are both preventive and curative established to lower the risk and respond to direct causes of maternal and neonatal deaths and consequently improve women's and children's health. The intervention caters to the spectrum of needs of women and children. For the women, this consist of services that span the period before pregnancy to post childbirth services that include essential newborn care during the first week of life. For the children, the service package covers essential health care of the newborn after the first week to adolescent stage.
8. **Province and city/municipal health systems** - refers to an organized scheme for delivering health services including the integrated MNCHN service package in a contained geographic area covering and entire province, municipality or city. It is divided into small sub systems consisting of public and private providers organized into Inter Local Health Zones (ILHZ).
9. **Public Private Partnership (PPP)** - A cooperative venture between the public and private sectors, built on the expertise of each partner, that best meet clearly defined public needs through the appropriate allocation of resources, risks and rewards. This partnership may range from health care provision to logistics management, from information and communication technology to capacity building of health providers.
10. **Facility-Based Deliveries (FBD)** – refers to deliveries in a health facility to the total number of deliveries.
11. **Fully Immunized Children (FIC)** – an infant who received 1 dose of Bacillus Calmette Guerin (BCG), 3 doses each of Diphtheria Pertussis Tetanus (DPT), Oral Polio Vaccine (OPV), Hepatitis B (Hep B) and 1 dose of anti-measles vaccine before reaching one year old.
12. **National Household Targeting System (NHTS)** – a data bank and an information management system managed by the Department of Social Welfare and Development (DSWD) that identifies who and where the poor are. The system generates and maintains the socio-economic database of poor households.
13. **Continuum of Services** – integrated and coordinated packages of health services that encompass health promotive and preventive services, to in-hospital care support and treatment services and post-hospital rehabilitative services. These packages of services are made available at strategic access points where utilization is maximized by clients who need them most.



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14. **Community Health Team (CHT)** – is a group of health volunteers assigned in each barangay/priority population area led by a midwife that tracks eligible population for public health services, assists families in assessing and acting on health needs, provides information on available services in the locality, and facilitates the organization of transportation and communication systems, outreach services and linkages with other providers in the service delivery network (e.g. Barangay Health Station, Rural Health Unit, other small private and public hospital and facilities).
15. **Basic Emergency Obstetric and Newborn Care (BEmONC)** – capable facilities are capable of performing the following six signal obstetric functions: (1) parenteral administration of oxytocin in the third stage of labor; (2) parenteral administration of loading dose of anticonvulsants; (3) parenteral administration of initial dose of antibiotics; (4) performance of assisted deliveries; (5) removal of retained products of conception; and (6) manual removal of retained placenta. These facilities are also able to provide emergency neonatal interventions, which include the minimum: (1) newborn resuscitation; (2) treatment of neonatal sepsis/infection; and (3) oxygen support. It shall also be capable of providing blood transfusion services on top of its standard functions.
16. **Garantisadong Pambata (GP)** – an institutionalized Preschoolers Health Campaign conducted nationwide where a package of health services and relevant health information is delivered twice a year to children 0-71 month old children.
17. **No Balance Billing Policy** – refers to the policy that National Health Insurance Program (NHIP) members who belong to the poorest income quintile and their beneficiaries will not be required to pay out of pocket for costs for their confinement subject to the specific terms and conditions of this policy.

SECTION 5. KEY MNCHN INTERVENTIONS

- a. This LGU shall organize, train and deploy community health teams (CHT) to transform needs to effective demand, specifically, help family members assess health risk, deliver key messages and formulate health implementation plan as well as guide these families navigate through the health system and provide adequate information to families on PhilHealth.
- b. This LGU shall build capacities of health staff for effective MNCHN service provision: Responsible Parenthood Competency-Based Training Course Level 1 (RPCBT1), Responsible Parenthood Competency-Based Training Course Level 2 (RPCBT2), Active Management of the Third Stage of Labor (AMSTL), Long Acting Permanent Method (LAPM), Essential Newborn Care (ENC), Basic Emergency Obstetric and Newborn Care (BEmONC), Antenatal Care (ANC).



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- c. This LGU shall implement MNCHN-Expanded Program on Immunization (EPI) integration (Integrating MNCHN into services other than maternal health: EPI, Garantisadong Pambata (GP) to reduce unmet need and deliver key messages for mothers.
- d. This LGU shall provide orientation/information to LGUs on the Department of Health (DOH) Administrative Order (AO) on Informed Choice Volunterism (ICV) compliance, including the roles and key activities on ICV compliance.
- e. This LGU shall formulate the local NHIP plan that includes key interventions such increasing coverage/enrollment, accreditation of health facilities, provision of information to members and providers on benefits/ access to Philhealth benefits, improving claims management and effective implementation of “no-balance billing scheme”.
- f. This LGU shall allocate funds and procure MNCHN commodities and ensure free access of Conditional Cash Transfer (CCT) and National Household Targeting System (NHTS) families.
- g. This LGU shall conduct regular Data Quality Check (DQC) and generate reliable data on CPR as bases for planning, financing and policy development, and ensure sustained DQC activities and support through dedicated personnel and availability of forms.
- h. This LGU shall establish and implement the Stock and Inventory Management System (SIMS) to build LGU capacities in tracking MNCHN commodities in health facilities, including related medical supplies.

SECTION 6. ROLES and FUNCTIONS

1. PROVINCIAL HEALTH OFFICE (PHO) shall:

- a. be the steward in the implementation of this ordinance and ensure that systems, programs and services are available at all times.
- b. serve as the central advisory, planning, policy making body in collaboration with other stakeholders in health.
- c. recommend the enactment of legislation to support this program and adopt measures to reduce maternal deaths in the province.
- d. develop and implement the different protocols on the execution of the maternal health program of the Department of Health.



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- e. conduct periodic coordination meetings with health service delivery network.
- f. conduct annual program implementation review.
- g. augment needed resources.

2. MUNICIPAL/CITY HEALTH OFFICE (MHO/CHO)) shall:

- a. develop local policies and plans appropriate to the need of their locality and consistent with the implementation of MNCHN Strategy.
- b. mobilize and utilize resources to organize and sustain service delivery networks including provision of supplies, drugs and commodities.
- c. organize service delivery networks in partnership with the private sector for effective delivery of health service package, and whenever appropriate, contract private providers to supplement available services or provide other services that cannot be delivered by existing public providers.
- d. implement delivery of quality MNCHN services in their locality.
- e. maintain and submit record and reports of MNCHN services to Inter Local Health Zone (ILHZ) and PHO.

SECTION 7. SOURCE OF FUND. The budget for this ordinance shall be drawn from the available MNCHN Grant or other source of fund from the Provincial Government.

SECTION 8. ADMINISTRATIVE CLAUSE – This ordinance covers only the territorial jurisdiction of the Province of Pangasinan.

SECTION 9. SEPARABILITY CLAUSE – If any part, section or provision of this ordinance is declared invalid or unconstitutional, other provisions not effected shall remain in full force and effect.

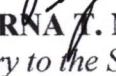


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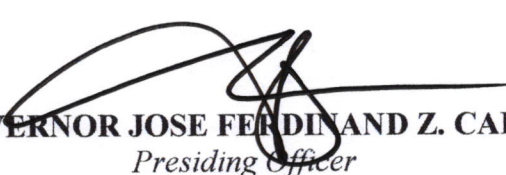
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SECTION 10. EFFECTIVITY CLAUSE – This ordinance shall take effect immediately after approval of the Sangguniang Panlalawigan.


ATTY. VERNA T. NAVA-PEREZ
Secretary to the Sanggunian

ATTESTED:


VICE GOVERNOR JOSE FERDINAND Z. CALIMLIM, JR.
Presiding Officer

APPROVED:


AMADO T. ESPINO, JR.
Governor