Republic of the Philippines
PROVINCE OF ZAMBOANGA DEL SUR
Municipality of Dumingag
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OFFICE OF THE SANGGUNIANG BAYAN

EXCERPT FROM THE MINUTES OF THE 75th REGULAR SESSION OF THE 5th SANGGUNIANG BAYAN OF DUMINGAG, ZAMBOANGA DEL SUR HELD AT THE MUNICIPAL SESSION HALL ON October 19, 2009.

OFFICERS/MEMBERS	POSITION	PRESENT	ABSENT	OB	OL
Hon. Michael F. Morpos	Mun. Vice Mayor	__/__	_____	___	___
Hon. Francisco D. Gumban	SB Member	__/__	_____	___	___
Hon. Roger M. Pacalioga	SB Member	_____	__/__	___	___
Hon. Nita T. dela Torre	SB Member	__/__	_____	___	___
Hon. Corazon J. Mandao	SB Member	__/__	_____	___	___
Hon. Onofre E. Paculaba	SB Member	_____	__/__	___	___
Hon. Agustin M. Adapon	SB Member	__/__	_____	___	___
Hon. Edgar G. Daarol	SB Member	__/__	_____	___	___
Hon. Reynante G. Borling	SB Member	__/__	_____	___	___
Hon. Bayani Nanong	Ex- Officio Member	__/__	_____	___	___
Hon. Lyndelle Pacalioga	Ex -Officio Member	__/__	_____	___	___
Mrs. Jessyl B. Palon	SB Secretary	_____	_____	___	_/_

Ordinance No. 13, s. 2009

AN ORDINANCE ESTABLISHING AND ADOPTING A SET OF POLICIES, SYSTEMS AND MEASURES TO ENSURE THE SUFFICIENT AND SUSTAINABLE PROVISION OF COMMODITY SELF RELIANCE PLUS (CSR+) COMMODITIES AND FP/ RH/ MNCHN-RELATED SERVICES TO CURRENT AND FUTURE USERS IN THE MUNICIPALITY OF DUMINGAG ,ZAMBOANGA DEL SUR.

WHEREAS, *Section 15, Article II of the 1987 Philippine Constitution explicitly provides that "The State shall protect and promote the right to health of the people and instill health consciousness among them"; Thus, the National Family Planning Program is an essential program of the Philippine Government, with its basic policy focusing on the constitutional premise that couples have the responsibility to decide how many children to have consistent with their religious belief, preferences and needs;*

WHEREAS, *with the passage of Republic Act 7160, otherwise known as the Local Government Code (LGC) of 1991, the responsibility of providing basic health services, including programs for family planning and maternal and child health, was devolved to the local government units; this is specifically provided for under Section 17 of the LGC. Thus, Commodity Self-Reliance Plus (CSR+) is recognized by this Municipality as part of the basic health services that the local government unit (LGU) should provide for its constituents;*

WHEREAS, *the Department of Health (DOH) Administrative Order 2008-0029, (Implementing Health Reforms for Rapid Reduction of Maternal and Neonatal Mortality), recommends the implementation of the Maternal Newborn and Child Health and Nutrition (MNCHN) Strategy, and states that the risk of mistimed, unplanned, unwanted and unsupported pregnancy which leads to maternal, infant and neonatal deaths, can be prevented if appropriate health interventions are introduced, such as CSR interventions that support the achievement of couple's desired family size;*

WHEREAS, *the Municipality of Dumingag recognizes that addressing maternal and child health is one of the critical health and development interventions that can significantly impact on the local health sector reforms;*

WHEREAS, *the Municipality of Dumingag supports families' desire to attain desired number and spacing of children through the elimination of unmet needs for birth spacing and birth limiting services in accordance with the provisions of DOH Administrative Order No. 50-A, series of 2001 (on the National Family Planning Policy);*

WHEREAS, *the Municipality of Dumingag, in accordance with DOH AO158 (Guidelines on the Management of Donated Commodities under the Contraceptive Self-Reliance Strategy), supports critical policies and plans, complementary actions and supportive measures that are necessary to prevent disruptions in the delivery of MNCHN and CSR + services with the phase-out of donated contraceptives by 2008;*

WHEREAS, *the Municipality of Dumingag, exhibited the following demographic information and health indicators for the Year 2008;*

- *Population – 45,664*
- *Women of Reproductive Age – 6621*
- *Contraceptive Prevalence Rate (CPR) – 81*
- *Maternal Mortality – 0*
- *Infant Mortality – 2.33*
- *Births by Skilled Birth Attendants – 89.44*
- *TB Case Detection Rate (CDR) – 57%*

- *TB Cure Rate (CR)* – *100%*
- *Fully Immunized Children (FIC)* – *98.47*

NOW THEREFORE, BE IT ENACTED *by the Sangguniang Bayan of Dumingag, Province of Zamboanga del Sur in session, that:*

Article I
TITLE AND DECLARATION OF POLICIES

Section 1. TITLE. *This ordinance shall be known and cited as "The Commodity Self Reliance (CSR+) Policy Ordinance, in support of the overall MNCHN strategy for the Municipality of Dumingag"*

Section 2. DECLARATION OF POLICY.

2.1. Pursuant to the Philippine Constitution of 1987, the LGU subscribes to the declared policy of the State to the value the dignity of every human person and to guarantee full respect of human rights.

2.2. The LGU also adheres to the policy of the State to recognize the sanctity of family life and to protect and strengthen the family as a basic autonomous social institution.

2.3. The LGU also subscribes to the policy of the State to equally protect the life of the mother and the life of the unborn from conception.

2.4. The LGU likewise adheres to and support the duty of the State to defend the right of spouses to build a family in accordance with their religious convictions and the demands of responsible parenthood.

2.5. Pursuant to the duty of the State, the LGU shall also endeavor to defend the right of children to assistance, including proper care and nutrition, and special protection from all forms of neglect, abuse, cruelty, exploitation, and other conditions prejudicial to their development.

2.6. The LGU subscribes to the national health programs and strategies of the National Government such as the National Health Sector Reform Agenda, the Fourmula One (F1) for Health Framework, the Maternal, Newborn, Child Health and Nutrition (MNCHN) Strategy, among others, of the Department of Health for the attainment of our national objectives for health and better health outcomes in the communities.

2.7. The LGU shall endeavor to help promote inter-LGU collaboration among its neighboring and other LGUs.

2.8. The LGU shall endeavor to provide free services and commodities to the poor and at the same time ensure the provision of health services to all.

Section 3. DEFINITION OF TERMS. *As used in this ordinance and for purposes of their proper interpretation, the following terms are defined, to wit:*

a.) Commodity Self-Reliance (CSR) *– is a multi-sectoral effort which seeks to ensure the LGU's self-sufficiency in services and commodities related to birth spacing/limiting, TB and micronutrient supplementation at in its ability to sustain the provisions of affordable quality CSR services to eliminate unmet needs in the context of increasing commodity use. It requires the capacity to forecast, finance, procure and deliver CSR services to all men and women who need them, when they need them.*

b.) CSR+ *- means "Commodity Self Reliance Plus" – CSR+ Commodities and Services – refers to supplies and services, that includes among others, modern methods for birth spacing and limiting (including among others, pills, condoms, injectibles, IUD, beads), tuberculosis (TB) supplies, child care supplies, micronutrient supplies including Vitamin A and Iron.*

c.) MNCHN Strategy - *refers to the Maternal, Newborn, Child Health and Nutrition Strategy which will guide the development, implementation and evaluation of various programs aimed at women, mothers and children, with the ultimate goal of rapidly reducing maternal and neonatal mortality in the country. It is a strategy that will serve as a guide in the engagement, assistance and empowerment of local governments units (LGUs) and other partners in achieving the maternal and neonatal mortality reduction goal.*

d.) CPR *- refers to Contraceptive Prevalence Rate*
e.) LGC *- refers to the Local Government Code of 1991*
f.) LGU *- means the Local Government Unit, or the Municipality*

***g.) RHU** - refers to the Rural Health Unit*
***h.) AO** - refers to Administrative Order*
***i.) DOH** - means the Department of Health*

***j.) Poor and Non-Poor** - refer to individuals as determined and defined by the validated Community Based Management System (CBMS) data, or other acceptable LGU means-testing instruments, which shall be utilized in the formulation of criteria and guidelines of availing those free CSR+ commodities.*

Article II
PROGRAM BENEFICIARIES

***Section 1. POOR.** The CSR+ Commodities that shall be made available in the LGU for the intended program beneficiaries thru the RHU shall be made available to those classified as poor with the fee or stated in Section 2 of Article 3 of the cost of TB and FP Commodities. For purposes of determining the poor, the LGU will utilize the Community Based Monitoring System as basis for identifying its poor population.*

***Section 2. NON-POOR.** To ensure that CSR+ commodities are also made accessible to all other constituents other than those classified as poor, the LGU will ensure that needs of the non-poor users are also responded to by ensuring availability of services through a cost recovery scheme by which, the non-poor will be charged with the fee as stated in section 2 of article 3 of the cost of the TB and FP commodities; It will likewise endeavor to ensure the expansion of existing private sector providers.*

***Section 3. PHILHEALTH MEMBERS.** The CSR + commodities shall be given free of charge to all Philhealth members regardless of the classification as poor and non-poor.*

Article III
PROGRAM FINANCING

***Section 1. SOURCES OF FUNDS.** The following shall be the sources of funding for the CSR+ program of the LGU:*

1. Subject to existing policies, rules and procedures, the CSR+ Program of the LGU shall be funded from any of the following sources:

*a. **Regular Budget of the Municipal/Provincial Health Office.** The Municipal and Provincial Health Offices shall review its regular budget for CY 2009 and identify existing appropriations which can be realigned for the purpose;*

*b. **Lump Sums and other trust funds.** The Program shall be included as a priority to be funded from the 20% Development Fund, Gender and Development (GAD) Fund, and PHILHEALTH capitation and reimbursement;*

*c. **Grants, aids, donations and other forms of assistance from the National Government and the private sector.***

***Initial Funding.** For purposes of the requirements for year 2009, the LGU allocation in cash or in commodities from the 2007 MNCHN grant facility allocation from the DOH for the Zamboanga del Sur Province will be utilized to party fund the needed financing of the program in the LGU.*

2. The LGU through the Local Finance Committee and at the instance of the Municipal Health Officer shall review the LGU's annual regular budget for CY 2009 and identify existing appropriations which can used for the purpose subject;

3. Funding for Subsequent Years – The LGU shall integrate the CSR+ program as part of the regular program and services of the RHU or the Municipal Health Office. As such, the LGU shall ensure the appropriation of funds for the program from the financing sources as identified in Section 1.

***Section 2. COST RECOVERY SCHEME.** Within this, the Municipal/Provincial Health Offices in coordination with Local Finance Committee shall prepare and submit for reconsideration of the Sangguniang Bayan a scheme of cost recovery consisting of charges for services rendered and cost of supplies, provided that safety nets for the poor are properly observed.*

For its initial implementation, fees for the following services and supplies may be considered:

	POOR	***NON-POOR***
• *Insertion of IUD*	*P 50.00/ insertion*	*P 100.00/insertion*

• *Condoms*	*P 1.00*	*P 2.50*
• *Pills*	*P 10.00/ blister pack*	*P 20.00/blister pack*
• *Injectibles*	*P 20.00*	*P 50.00*

Proceeds of cost recovery schemes shall accrue to the ***CSR Special Account*** *under the General Fund which shall automatically appropriated for the Program in the subsequent year.*

Article IV
PROCUREMENT AND DISTRIBUTION PROCEDURE AND PROGRAM BENEFICIARIES QUALIFICATIONS AND DISQUALIFICATIONS

Section 1. PROCUREMENT REQUIREMENT. *In the procurement of contraceptives by the LGU, the policies, rules and regulations of Republic Act No. 9184 or the Government Procurement Reform Act and that of the Commission on Audit (COA) shall strictly be observed.*

Section 2. IDENTIFICATION OF COMMODITY REQUIREMENTS. *The Municipal Health Officer shall identify the commodity requirements for CSR using the forecast of commodities based on validated/verified current users data, as well as other related materials necessary in the implementation of the program. The LGU, based on the requirements for 2009-2010 will initially procure the following commodities:*

- *IUD*
- *DMPA*
- *TB Commodities*
- *Pills*
- *Condom*
- *Nutrients with iron for pregnant, lactating and children*

Subsequent procurement for subsequent years will be done based on the requirements of current and future users.

Section 3. PRIORITY BENEFICIARY FOR THE PROGRAM. *The priority beneficiary of the Program shall be those poor men and women of reproductive age, in the exercise of the couple's choice, who prefer to adopt modern methods for birth spacing and limiting and belong to the poorest of the poor. For this purpose, the TWG shall utilize the data in the Community Based Management System.*

The TWG may employ such other means-testing instruments or procedures to ascertain the qualifications of the program applicant.

Section 4. DISTRIBUTION OF CSR+ COMMODITIES. *To ensure constant availability of commodities to the poor, a workable system of distribution and dispensing of commodities shall be adopted. Midwives and other authorized dispensers through the Municipal Health Office shall be issued commodities duly recorded in a Record Book for this purpose and duly acknowledged by the receiving person.*

A report on utilization, balances of stocks and monthly collections shall be submitted regularly to the Provincial Health Office as a pre-requisite for subsequent issuance of commodities.

Article V
PROGRAM MANAGEMENT

Section 1. MANAGEMENT OF THE CSR+ PROGRAM IN THE LGU:

1.1. Creation and Composition. *The CSR Technical Working Group, shall be created to serve as the working team to provide overall program management and operational support. The TWG shall provide oversight, management and monitoring support in the implementation of CSR and MNCHN-related programs and activities.*

1.2. Local Health Board. *The LGU can utilize it's existing Local Health Board (LHB) as part of the CSR working team, depending on their availability and desired participation level for the implementation of the CSR/MNCHN Program.*

Section 2. TECHNICAL WORKING GROUP. *There shall be created a Technical Working Group (TWG) for the purpose of this ordinance.*

Chairman - ***Hon. Nacianceno M. Pacalioga, Jr.***
Municipal Mayor

Co-Chairman - ***Ju Kanra M. Apale-Panugao***
Municipal Health Officer

Members - ***Hon. Nita T. dela Torre***
SB Chairman, Committee on Health

- ***Mrs. Asuncion Rosal***
Municipal Social Welfare and Dev't. Officer

- ***Mrs. Rosalina Gumban***
Municipal Budget Officer

- ***Mrs. Elena Perigo***
Public Health Nurse

- ***Mrs. Alicia Malabosa***
Rural Health Midwife

2.1. Functions and Responsibilities of TWG. *The TWG shall provide technical and management support to the RHU to ensure the effective and efficient implementation of the MNCHN-CSR+ program of the LGU.*

The TWG shall likewise provide technical inputs and advice including policy recommendations to the Local Chief Executive and the Sanggunian concerned to ensure the effective and efficient implementation of the LGU's CSR+ program and the provision of services and availability of supplies and commodities to the intended and qualified beneficiaries, in coordination with the Local Health Board.

Section 3. RESPONSIBILITY OF MHO AND RHU IN THE IMPLEMENTATION OF THE CSR+ PROGRAM OF THE LGU. *The Municipal Health Office or the LGU Rural Health Unit (RHU) under the Municipal Health Officer, in close coordination with the CSR TWG, shall be primarily responsible for the direct implementation of the LGU's CSR+ program with the assistance of the LGU's various barangay health stations and other health units and facilities and staff.*

Article VI
MISCELLANEOUS PROVISIONS

Section 1. SEPARABILITY CLAUSE. *If any portion or provision of this Ordinance shall be declared unconstitutional, the remaining provisions not so declared shall continue to be in effect.*

Section 2. REPEALING CLAUSE. *Any and all existing ordinances, provisions of which are inconsistent with the provisions hereof, are deemed repealed accordingly.*

Section 10. EFFECTIVITY CLAUSE. *This ordinance shall take effect after the approval of the Sangguniang Panlalawigan and after 15 days a copy hereof is posted in the bulletin board in the municipal hall and two other conspicuous places.*

Enacted: November 16, 2009

JESSYL B. PALON
Secretary to the Sanggunian

ATTESTED AND CERTIFIED
TO BE DULY ADOPTED:

MICHAEL F. MORPOS
Municipal Vice Mayor/Presiding Officer

APPROVED: NOV 26 2009 ***,2009***

NACIANCENO M. PACALIOGA, JR.
Municipal Mayor