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HON. WILBORNE S. DANDA
Majority Assistant Floor Leader

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HON. ERIC Y. PALMA
Chairman, Rules and Good Government

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Chairman, Fire, Public Safety, Peace & Order, Muslim Affairs, Public Utilities, Traffic and transportation

HON. EDITHA O CALONGE
Chairman, Health and Social Services

HON. FLODELIZ C. CURIBA
Chairman, Education, Women and Family, Senior Citizen

2ND DISTRICT

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HON. MUJAHID C. JAJURIE
President, Councilor's League, Chairman, Municipal Legislative Affairs

HON. KATRINA ANN V. PALMA
President, Sangguniang Kabataan, Chairman, Youth & Sports Development

Legend

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Republic of the Philippines

PROVINCE OF ZAMBOANGA SIBUGAY

Municipality of Ipil

EXCERPT from the minutes of the 33rd Session of the 4th Sangguniang Panlalawigan of the Province of Zamboanga Sibugay held on May 16, 2011, at the *Provincial Capitol Complex*, Ipil Heights, Ipil, Zamboanga Sibugay, at exactly 9:35 o'clock in the morning.

ORDINANCE NO. 2011-345

AN ORDINANCE ESTABLISHING AND ADOPTING A SET OF MEASURES AND SYSTEMS TO ENSURE EFFECTIVE AND EFFICIENT IMPLEMENTATION OF THE MATERNAL NEW-BORN CHILD HEALTH AND NUTRITION (MNCHN) INCLUDING THE SETTING UP OF MANAGEMENT STRUCTURES TO OVERSEE IMPLEMENTATION AND COORDINATING MECHANISMS TO IMPLEMENT MNCHN SERVICES AND ENSURING COMMODITY SELF-RELIANCE.

HON. EDITHA O. CALONGE
Chairman, Committee on Health
and Social Services

EXPLANATORY NOTE

WHEREAS, the DOH AO 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 Family Planning interventions that support the achievement of couple's desired family size;

WHEREAS, the province of Zamboanga Sibugay recognizes that family planning (FP) is one of the critical health programs that can significantly impact on the local health sector reforms and consider family planning as both a health and a development intervention;

WHEREAS, the province of Zamboanga Sibugay supports families desire to attain desired number and spacing of children through the elimination of unmet needs for family planning services in accordance with the provisions of DOH Administrative Order No. 50-A, series 2001 (on the National Family Planning Policy);

WHEREAS, the province of Zamboanga Sibugay in accordance with DOH Administrative Order No. 158 (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 Family planning services with the phase-out of donated contraceptives by 2008;

WHEREAS, the DOH Administrative Order No. 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 disadvantage groups, have equitable access to affordable health care.

WHEREAS, the DOH Administrative Order No. 2010-0036, recognizes National Health Insurance Program (NHIP) as the prime mover of improving financial risk protection (particular the poor) generating resources to modernize and sustain health facilities and improve the provision of public health services achieve the Millennium Development Goals (MDGs) of reducing maternal mortality and infant mortality;

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 RA 7160, otherwise known as the Local Government Code (LGC) of 1991, the responsibility of providing basic health services, including family planning services, was devolved to the local government unit; this is specifically provided for under Section 17 of the LGC. Thus family planning is recognized by this province as part of the basic health services that the Local Government Unit should provide for its constituents;

WHEREAS, the province of Zamboanga Sibugay currently experiences the following health status as of 2009:

1. **Contraceptive Prevalence Rate (CPR)** of the province is 26.13% against the national target of 60%;
2. Antenatal care (ANC) 4 visits is 42.12% in 2009 from 48.54% in 2008;
3. Facility Based Delivery (FBD) is 9% against the national target of 80%;
4. Skilled Birth Attendant (SBA) deliveries is 60.49% against the national target of 80%;
5. Fully Immunized Children (FIC) is 91.26% against the national target of 95%;
6. Vitamin A coverage is 100.42%;
7. Tuberculosis (TB) cases detected is 77% in 2009 from 67% in 2008;
8. TB cases cured is 71% from 69% in 2008;

9. Maternal deaths is 0.74/1000 live births;
10. Infant deaths is 2.07/1000 live births.

BE IT ORDAINED by the Sangguniang Panlalawigan of Zamboanga Sibugay, in session assembled:

ARTICLE I

TITLE AND DECLARATION OF PRINCIPLES

Section 1. Title - This ordinance shall be known and thereafter referred to as “**MATERNAL NEWBORN CHILD HEALTH AND NUTRITION (MNCHN) AND CONTRACEPTIVE SELF-RELIANCE (CSR+) ORDINANCE OF THE PROVINCE OF ZAMBOANGA SIBUGAY**”.

Section 2. Statement of Policy - It shall be the policy of this LGU to fully support and ensure effective implementation of the Maternal Newborn and Child Health and Nutrition (MNCHN) and Contraceptive Self-Reliance (CSR+) strategy as part of its strong commitment to Local Health Care reform implementation. It shall support the engagement of all concerned health care facilities to form a coordinated Maternal Newborn and Child Health and Nutrition (MNCHN) service delivery network, mobilize the participation of the community to be covered and served, and strengthen collaboration with other groups of stakeholders within and outside the health sector and also beyond its administrative jurisdiction.

Section 3. Definitions of Terms - For purposes of this ordinance, the following terms and phrases are hereby defined and understood as follows.

1. **MATERNAL NEWBORN AND CHILD HEALTH AND NUTRITION (MNCHN) Core Package of Services or Integrated MNCHN Services** - refers to a package of services for women, mothers, and children covering the spectrum of (1) known appropriate clinical case management services in preventing direct causes of maternal and neonatal deaths, and which are within the capacity of the health system to routinely provide; and (2) known cost-effective public health measures capable of reducing exposure to and the severity of risks for maternal and neonatal deaths, that are within the capacity of the health system to routinely provide;
2. **MATERNAL NEWBORN AND CHILD HEALTH AND NUTRITION (MNCHN) Service Delivery Network** - refers to the network of facilities and providers within the province or city-wide health system offering Maternal Newborn and Child Health and Nutrition (MNCHN) core package of services, including the communication and transportation systems supporting this network. The following health providers are part of the Maternal Newborn and Child Health and Nutrition (MNCHN) Service Delivery Network;
 1. **Community level providers** refers primarily to Barangay Health Stations (BHS) and its health staff (e.g. midwife) and volunteer health workers (e.g. barangay health workers, and traditional birth attendants (TBA) that typically comprise the Community Health Team or Barangay health Team. These teams implement Maternal

Newborn and Child Health and Nutrition (MNCHN) core package of services identified for the community level. Their functions include advocating for birth spacing and counseling on family planning services, the tracking and master listing of pregnant women, assisting pregnant women and their families in formulating a birthing plan, early detection and referral of high-risk pregnancies, and reporting maternal and infant deaths. The teams shall also facilitate discussions of relevant community health issues, particularly those affecting women and children. Community teams can become high volume providers for IUD and NSV, either through outreach or its fixed facilities.

2. **Facilities with Skilled-Birth Attendants** are capable of attending to uncomplicated deliveries. These shall be appropriately linked to the nearest BEmONC or CEmONC capable facilities.
3. **Basic Emergency Obstetric and Newborn Care (BEmONC)** capable facilities are capable of performing the following six signal obstetric functions:
 - a. parenteral administration of oxytocin in the third stage of labor;
 - b. parenteral administration of loading dose of anticonvulsants;
 - c. parenteral administration of initial dose of antibiotics;
 - d. performance of assisted deliveries;
 - e. removal of retained products of conception;
 - f. 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.

4. **Comprehensive Emergency Obstetric and Newborn Care (CEmONC)** capable facilities are capable of performing the following six signal obstetric functions as in BEmONC facilities as well as provide caesarean delivery services, blood banking and transfusion services and other highly specialized obstetric interventions. It also capable of providing neonatal emergency interventions which include at the minimum, the following:
 - a. Newborn resuscitation;
 - b. Treatment of neonatal sepsis/infection;
 - c. Oxygen support for neonates;
 - d. Management of low birth weight or premature newborn;
 - e. Other specialized neonatal facilities;

These facilities can also serve as high volume providers for IUD and VSC services, especially tubal ligations. Province-wide or city-wide health system refers to the default catchment area for delivering integrated Maternal Newborn and Child Health and Nutrition (MNCHN) services. It is composed of public and pri-

vate providers organized into systems such as Inter-local Health Zones (ILHZ) or health districts for provinces and integrated urban health systems for highly urbanized cities. Service arrangements with other LGUs may be considered if provision and use of integrated Maternal Newborn and Child Health and Nutrition (MNCHN) services across provinces, municipalities, and cities become necessary.

5. **Service Coverage Indicators** are parameters which reflect coverage or utilization of services. For Maternal Newborn and Child Health and Nutrition (MNCHN) strategy, the following indicators are monitored:
 - a. **Antenatal care coverage (ANC)** is an indicator of access and use of health care during
 - b. **Contraceptive Prevalence Rate (CPR)** is the proportion of married women aged 15 - 49 reporting current use of a modern of family planning, e.g. pill, IUD, injectables, male condom, mucus/billings/ovulation, standard days method (SDM), and Lactational Amenorhea Method (LAM);
 - c. **Facility-Based Deliveries (FBD)** is the proportion of deliveries in a health facility to the total number of deliveries;
 - d. **Fully Immunized Children (FIC)** is the ratio of children under 1 year of age who have been given BCG, 3 doses of DPT and OPV and measles vaccine to the total number of 0 - 11 months of deliveries.
6. **Skilled Birth Attendant Deliveries (SBA)** is the proportion of deliveries attended by skilled health personnel to the total number of deliveries. Skilled health professionals exclusively refers to the people with midwifery skills (e.g. midwives, doctors and nurses) who have been trained to proficiency in the skills necessary to manage normal deliveries and diagnose or refer obstetric complications.
7. **Vitamin A supplementation coverage (VAS)** is the proportion of 6 - 59 months pre-schoolers given Vitamin A capsules twice a year.
8. **Traditional Birth Attendants (TBA)** - are independent, non-formal trained and community based providers of care during pregnancy, childbirth and postnatal period.
9. **Contraceptives** - pertains to the modern methods of family planning, such as but not limited to, pills, condoms and injectables.
10. **Contraceptive Self-Reliance** - is a multi-sectoral effort which seeks to ensure the self-sufficiency in family planning services and commodities in its ability to sustain the provisions of affordable quality family planning services to eliminate unmet needs in the

context of increasing contraceptive use. It requires the capacity to forecast, finance, procure, and deliver family planning services and contraceptives to all men and women who need them, when they need them.

11. **LGUs** - refers to the Provincial Government and its component municipalities.
12. **User** - refers to the actual users of contraceptives men and women alike.
13. **Commodities** - refers to the contraceptives to be use, e.g. condoms, Intra Uterine Devices (IUD), pills and the like and other Maternal Newborn and Child Health and Nutrition (MNCHN) commodities such as TB drugs, Vitamin A, Zinc supplements, syringes and needles.
14. **Poor and Non-poor** - refers to the individuals as determined and defined by the validate Community Based Management System (CBMS) data, or other acceptable Local Government Units means testing instruments which shall be utilized in the formulation of criteria and guidelines of availing those free contraceptives.

Section 4. Framework - MATERNAL NEWBORN AND CHILD HEALTH AND NUTRITION (MNCHN) framework - The province of Zamboanga Sibugay believes that the goal of rapidly reducing maternal and neonatal mortality shall be achieved through effective population-wide provision and use integrated Maternal Newborn and Child Health and Nutrition (MNCHN) services as appropriate to any locality in the country.

Maternal Newborn and Child Health and Nutrition (MNCHN) reforms, improvement and changes in local health systems shall, among other results, create the following intermediate results that can significantly lower the risk of dying secondary to pregnancy and child birth;

1. Every pregnancy is wanted, planned and supported;
2. Every pregnancy is adequately manage throughout its course;
3. Every delivery is facility-based and managed by skilled birth attendants;
4. Every mother-and-newborn pair secures proper postpartum and postnatal with smooth transitions to the women's health care package for the mother and child survival package for the newborn;
5. Informed Choice and Volunteerism.

All birth spacing method should be based on the principle of informed choice and volunteerism:

1. **PROVISION OF INCENTIVES OR RECOMPENSE** - The province will strictly prohibit the payment of incentives or financial rewards to Family Planning (FP) clients for becoming acceptors or to service providers or referrals agents for recruiting clients to achieve targets, Reasonable reimbursement for medicine, food, lost wages, medical supplies, or transportation expenses paid by the clients may not be considered as incentives and may be provided

for reasonable recompense. Recompense for lost wages and other expenses: Prevailing local daily wage computed based on the expected days rest to recuperate indicated in the Voluntary Surgical Sterilization (VSS) clinical guidelines of the Department of Health (DOH) is considered reasonable and can be provided in kind. Likewise, certain items or costs like actual transportation cost for clients and community volunteer workers/referrals agents, medicines, dressings, food cost during confinement can be recompense and should be the basis for allocation of recompense to FB acceptors if needed.

2. **SUSTAINING FAMILY PLANNING SERVICES** to sustain availability of Family Planning services including Voluntary Surgical Sterilization (VSS) services at the same cost as other contraceptives the following scheme:

Philhealth Benefit Package for Outpatient (OPB) and Voluntary Surgical Contraception (VSC). The health facility can reimburse for certain Family Planning services through the OBP and VSC Philhealth benefit package which includes reimbursement for professional fees, and medical and surgical supplies used in the procedures; Family Planning (FP) acceptors an avail of the benefit package once registered as PhilHealth member.

3. **OTHER FAMILY PLANNING PROVIDERS - Family Planning** services particularly Voluntary Surgical Contraception (VSC) rendered by other sources or organization external to the province both local and foreign must be coordinated with the Provincial Health Officer (PHO) to thoroughly inform them of the policies on informed choice and voluntary decision making for strict compliance.

ARTICLE II

CSR+/MNCHN PROGRAM IMPLEMENTATION

Section 5. Implementation - The province of Zamboanga Sibugay shall fully support the implementation if the CSR+/MNCHN plan (referred here as *Annex "A"* of the Ordinance) that includes among others the implementation of the following interventions.

MNCHN - The Provincial Government of Zamboanga Sibugay recognizes that reforms in service delivery, governance, regulation, and financing are needed for a sustained improvement of the health status of mothers and children. The province shall undertake the following steps to implement the Maternal Newborn and Child Health and Nutrition (MNCHN) strategy.

1. **The Province of Zamboanga Sibugay shall organize the CSR+/MNCHN team.** *Building the Maternal Newborn and Child Health and Nutrition (MNCHN) Service Delivery Network and ensuring its sustainability would entail analysis of the existing situation in the locality and assessment of gaps in service delivery, utilization, health systems in*

general as well as identifying and planning appropriate intervention to address these gaps. To begin this process, the Provincial Government of Zamboanga Sibugay shall organize a team coming from the Integrated Provincial Health Office, different municipal health offices, and other relevant members of the locality like Department of Health (DOH) Center for Health Development, donors, non-government organizations (NGOs) civil society groups, and the like. From this team, the province can assign a coordinating body to oversee the direction and progress of implementation of the Newborn and Child Health and Nutrition (MNCHN) strategy after assessment and initial planning.

2. **The Provincial Government of Zamboanga Sibugay shall know the Maternal Newborn and Child Health and Nutrition (MNCHN) situation in the province.** *The CSR+/MNCHN Technical Working Group's (TWG) initial work shall be to assess the Newborn and Child Health and Nutrition (MNCHN) situation in the province. Assessing the Provincial Local Government Unit (PLGU) current level of performance against national data would provide the province an idea of targets they should set to be able to contribute in achieving target Maternal Newborn and Child Health and Nutrition (MNCHN) indicators. The Newborn and Child Health and Nutrition (MNCHN) management team can use Health Outcome Indicators or Health Service Coverage Indicators to assess the PLGU's situation. Health indicators shall be collected and used to monitor the health status of a population. The province of Zamboanga Sibugay recognizes that these health indicators either reflect impact or outcomes or coverage or utilization of services. For Newborn and Child Health and Nutrition (MNCHN), health outcome indicators are Maternal Mortality Ratio (MMR), Neonatal Mortality Rate (NMR), Infant Mortality Rate (IMR), Underfive Mortality Rate (UFMR) and proportion of underweight 6 to 59 month old children while service coverage indicators are Contraceptive Prevalence Rate (CPR), Antenatal Care (ANC), Facility-based Deliveries (FBD) and Fully Immunized Children (FIC) and Vitamin A supplementation coverage.*
3. **The Provincial Government of Zamboanga Sibugay shall prioritize population group and areas.**
 - a. *The Provincial Local Government Unit (PLGU) shall compare performance of barangays within the municipalities using Newborn and Child Health and Nutrition (MNCHN) Health Outcome or Service Coverage Indicators. The CSR +/MNCHN TWG shall follow the same process in determining performance of the Provincial Local Government Unit (PLGU) compared with national targets or levels. Instead of having national targets or levels, data for the province should be under column 2 and additional columns would have to be made for each municipality. The Newborn and Child Health and Nutrition (MNCHN) Management can use the table below as sample.*
 - b. *This Provincial Local Government Unit (PLGU) shall identify municipalities with the most number of maternal and newborn deaths.*
4. **The Provincial Government of Zamboanga Sibugay shall designate facilities in the Service Delivery Network.**
 - 4.1 *The Provincial Local Government Unit (PLGU) shall organize the Community Health Team (CHT) and its facility;*

- 4.2 *The Provincial Local Government Unit (PLGU) shall designate the CEmNOC –capable facility;*
- 4.3 *The Provincial Local Government Unit (PLGU) shall designate the BEmNOC – capable facility;*
- 4.4 *The Provincial Local Government Unit (PLGU) shall identify skilled birth attendant facilities;*
5. **The Provincial Government of Zamboanga Sibugay shall install mechanisms to ensure access to MNCHN services.** *Aside from providing the Newborn and Child Health and Nutrition (MNCHN) core package of services. The Provincial Local Government Unit (PLGU) shall ensure presence of support services that would ensure access by priority populations, a source of safe blood supply and health promotion activities to increase demand for services.*
6. **The Provincial Government of Zamboanga Sibugay shall plan appropriate interventions for service delivery, governance, regulations, and financing (as shall be reflected in the CSR+/MNCHN - Annex A of the Ordinance)**
7. **The Provincial Government of Zamboanga Sibugay shall determine funding sources for planned interventions.**
8. **The Province of Zamboanga Sibugay likewise believe that the Commodity Self-Reliance (CSR+) strategy shall create the following supply conditions necessary to eliminate the unmet needs for family planning and ensure the availability of MNCHN packages of interventions.**
- a. The phasing up of domestically provided supplies to replace those quantities of foreign-donated contraceptives;*
- b. The increase in levels of domestic supplies of contraceptives made available to meet the needs of additional future users of contraceptives; and*
- c. The increase in levels of other commodities such as TB drugs, Vitamin A capsules, Zinc supplements, syringes and needles to meet the needs of mothers and children.*
9. **CSR+ - The Provincial Government of Zamboanga Sibugay likewise support the implementation of key activities for CSR+ implementation as laid out in the “Annex A” of the ordinance, covering key intervention in the areas of Policy, Financing, Service Delivery, Governance and Systems Development for Sustainability, and Monitoring and Evaluation.**

ARTICLE II

FINANCING OF THE CSR+/MNCHN PROGRAM

Section 6. Funds – For its initial requirement in CY 2011, the program shall allocate an amount of Five Million Three Thousand Pesos (Php 5,300,000.00) to be funded from the Maternal Newborn and Child Health and Nutrition (MNCHN) grants facility, or from any the following sources:

- 6.1. Regular Budget of the Integrated Provincial Health Office - Integrated Provincial Health Office shall review its regular budget for CY 2011-2012 and identify existing appropriations which can be realigned for the purpose;
- 6.2. Lump sum and other trust funds - The program shall be included as a priority to be funded from the 20% Economic Development Fund (EDF), Gender and Development (GAD) Fund, and PhilHealth Capitation reimbursement; and
- 6.3. Grants, Aids, Donations, and other forms of assistance from the National Government and the private sector.

Section 7. Funding For Subsequent Years - The Integrated Provincial Health Office (IPHO) shall integrate the program as part of the regular services being by local health facilities. As such it will continue to identify funding sources including but not limited to those identified above to be confirmed by the Local Finance Committee (LFC) during the preparation of the Local Development Plan (LDP) /Annual Investment Plan (AIP).

Section 8. Cost Recovery Scheme - Within the sixteen (16) Rural Health Units of the province of Zamboanga Sibugay in coordination with the Local Finance Committee (LFC) shall prepare and submit consideration of the Sangguniang Panlalawigan a scheme of cost recovery consisting of charges of services rendered and cost of supplies, provided that free Family Planning commodities shall be given to indigents.

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

- | | | | |
|----|------------------|---|-----------------------------|
| a. | Insertion of IUD | - | Php 250.00 per insertion; |
| b. | Tubal Ligation | - | Php 500.00 |
| c. | Condoms | - | Php 4.00 per piece |
| d. | Pills | - | Php 28.00 - 35.00 per cycle |
| e. | Injectibles | - | Php 110.00 per vial |

Proceeds of cost recovery schemes shall accrue to the CSR+/MNCHN special account under the General Fund which shall automatically appropriated for the program in the subsequent year.

Section 9. Reporting - To ensure monitoring and proper management of the funds, the Provincial Accounting Office shall prepare a program report in quarterly detailing actual expenses for personnel, supplies, training, and other related activities.

ARTICLE IV

PROGRAM MANAGEMENT

Section 10. Creation and Composition - There shall be created CSR+/MNCHN Task Force, hereinafter referred to as "Task Force" which shall be composed of the following;

- | | | |
|----------|---|-------------------------|
| Chairman | - | The Provincial Governor |
|----------|---|-------------------------|

Co-Chairman	- Provincial Health Officer
Members	- SP Chairman of the Committee on Health
	- MCH, FP, Nutrition and key program Coordinators
	- Provincial Social Welfare and Development Officer
	- Provincial General Services Officer
	- Provincial Budget Officer
	- Provincial Treasurer
	- Provincial Public Health Nurse
	- Provincial Public Health Midwife
	- PHTL
	- Department of Health - Representative

Section 11. Power, Functions, and Responsibilities. - The Task Force shall be the overall coordinating and implementing body for the implementation of the CSR+/MNCHN Strategy and Plan in the province of Zamboanga Sibugay. In addition, the Task Force shall perform and exercise the following duties and responsibilities:

- a. Formulate and recommend to the Sangguniang Panlalawigan the full implementation of a comprehensive CSR+/MNCHN plan for the entire province in consultation with other stakeholders and oversee its implementation;
- b. Undertake program monitoring and evaluation and provide a program feedback mechanism;
- c. In close coordination with the municipal government and other agencies concerned, conduct and update data on men and women of reproductive age (MWRA) and current users;
- d. Provide support in strengthening capacities for CSR+/MNCHN service provision through the conduct of training courses and other capacity building activities;
- e. Provide support in the conduct of activities related to the CSR+/MNCHN education and counseling of clients about safe motherhood;
- f. Perform such other duties and function as it may deem fit for the efficient and effective implementation of the program; and
- g. Establish and maintain linkages with local, national or even international population-serving organizations or institutions.

Section 12. Meeting and Quorum - The Task Force shall meet at least once in every quarter or as often as necessary at an expressed call of the chairman or at least five (5) members of the task force. Provided that a notice shall be sent to the members at least three (3) before the meeting will be held. The task force shall decide by a majority vote of all the members present during a meeting, within the existence of a quorum on any matter before it. Five (5) of its members present shall constitute a quorum.

The focal person shall provide technical and administrative support, consolidating, and documenting proceedings, and manage overall implementation of the CSR+/MNCHN plans and complementary actions, and providing for such other assistance, as may be required by the task force. Submit an annual report on all activities regarding the status of the program and its finances to the Provincial Governor and to the Sangguniang Panlalawigan.

ARTICLE V

PROCUREMENT AND DISTRIBUTION PROCEDURE, PROGRAM BENEFICIARIES QUALIFICATIONS AND DISQUALIFICATIONS

Section 13. Procurement Requirement - In the procurement of Family Planning commodities and Maternal Newborn and Child Health and Nutrition (MNCHN) commodities by the Provincial Local Government Unit of Zamboanga Sibugay, the policies, rules, and regulations of the Republic Act No. 9184 or the Government Procurement Reform Act and that of the Commission on Audit (COA) shall strictly be observed.

Section 14. Identification of CSR+MNCHN Commodity Requirements - The Provincial Health Officer shall identify the Family Planning commodity/ Maternal Newborn and Child Health and Nutrition (MNCHN) requirements 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.

Section 15. Priority Beneficiary for the Program - The priority beneficiary of the program shall be the men and women of reproductive age especially the most at risk sector in the exercise of the informed choice, who prefer to adopt modern family planning method and belong to the poorest to the poor. For this purpose, the task force shall utilize the data in the Community Based Management System or other official system for identifying the poor.

The task force may employ such other mean-testing instruments or procedures to ascertain qualifications of the program applicant.

Section 16. Distribution of Maternal Newborn and Child Health and Nutrition (MNCHN) and Family Planning Commodities - To ensure constant availability of commodities to the poor, a workable system of distribution and dispensing of Maternal Newborn and Child Health and Nutrition (MNCHN) commodities shall be adopted. The Program Manager and other authorized dispenser through the Integrated Provincial Health Office shall be issued commodities duly recorded in a record book for this purpose and duly acknowledged by the receiving person as authorized by the Municipal Health Officer.

ARTICLE VI

MISCELLANEOUS AND FINAL PROVISIONS

Section 17. Repealing Clause - All ordinances, resolutions or laws of local application and effect inconsistent hereto are hereby modified, superseded and repealed accordingly.

Section 18. Separability Clause - If, for any reason or reasons, any part or provision hereof shall be held to be unconstitutional or invalid, other parts or provisions hereof which are not affected thereby shall continue to be in full force and effect.

Section 19. Implementing Rules and Regulations - The task force shall, within a period of 30 days after the approval of this ordinance, shall formulate the corresponding Implementing Rules and Regulations and caused the proper dissemination to the concerned offices and posting of the same in at least two (2) conspicuous places in the province.

Section 20. Effectivity - This ordinance shall take effect immediately upon approval. Copies of this ordinance shall be sent to the Municipal Health Offices, Municipal Local Finance Committee, Offices of the Barangay Captains, Barangay Health Offices concerned for information, reference and appropriate action which shall be posted in conspicuous places.

ENACTED during the **33rd Regular Session** of the **4th Sangguniang Panlalawigan** of the Province of Zamboanga Sibugay, on May 16, 2011 at Ipil, Zamboanga Sibugay, Philippines.

CERTIFIED TRUE
& ACCURATE COPY

NICASIO M. PENA, AB,LLB.



Secretary to the Sanggunian
Sangguniang Panlalawigan
Province of Zamboanga Sibugay

60307-09217531255

ATTESTATION & CERTIFICATION

I **HEREBY ATTEST and CERTIFY** that I presided over the **33rd Regular Session** of the **4th Sangguniang Panlalawigan** of the Province of Zamboanga Sibugay and that the foregoing legislative measure has been **approved and enacted** during the aforesaid session.

ATTY. REY ANDRE C. OLEGARIO
Presiding Officer, Provincial Vice Governor

APPROVED by His Honor, the Governor, on _____
in the province of Zamboanga Sibugay, Philippines.

HON. ROMMEL A. JALOSJOS
Provincial Governor