



Republic of the Philippines
City of Bago
Office of the Sangguniang Panlungsod

ORDINANCE No. 09-41

“AN ORDINANCE ESTABLISHING AND ADOPTING A SET OF MEASURES & SYSTEMS TO ASSURE THAT SUPPLIES OF COMMODITIES, DRUGS AND SERVICES WILL SUSTAINABLY BE PROVIDED FOR CURRENT AND FUTURE USERS OF COMMODITIES AND OTHER MATERNAL, NEONATAL, CHILD HEALTH AND NUTRITION (MNCHN) SERVICES/COMMODITY SELF RELIANCE (CSR) STRATEGIES IN THE CITY OF BAGO”

Explanatory Note:

WHEREAS, the City of Bago recognizes that addressing maternal and child health and controlling TB are among the critical health and development interventions that can significantly impact on the local health sector reforms;

WHEREAS, the DOH AO 2008-0029, (*Implementing Health Reforms for Rapid Reduction of Maternal and Neonatal Mortality*), recommends the implementation of the Maternal, Neonatal and Child Health and Nutrition (MNCHN) Strategy and the implementation of the Commodity Self-Reliance (CSR) interventions in the prevention and reduction of maternal, infant and neonatal deaths;

WHEREAS, the City of Bago, exhibits the following health status:

- 0 Maternal deaths in 2008;
- Infant deaths totaled of 10 (4.96/1000) in 2008,
- FIC of 85 % in 2008, below the 95% performance standards;
- Contraceptive Prevalence Rate (CPR) from 51 % of 2007 and __ in 2008;
- High Case Detection Rate TB of 148.6 % in 2008 (vs. 70% Perf. standard);
- TB Cure Rate of 97.87% in 2008 (vs. 85% performance standard)
- Pregnant women with 3 or more prenatal visits - 52 % in 2008
- Pregnant women given TT2 plus - 56 % in 2008
- Pregnant women given complete iron dosage - 58 % in 2008
- Postpartum women with at least 1 PP visit - 62 % in 2008
- Postpartum women given complete iron dosage - 61% in 2008
- Postpartum women initiated breastfeeding - 61 % in 2008
- Lactating mothers given Vitamin A – 61 % in 2008

WHEREAS, the City of Bago 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 2001 (*on the National Family Planning Policy*);

WHEREAS, the City of Bago supports critical policies and plans, complementary actions and supportive measures that are necessary to prevent disruptions in the delivery of MNCHN, CSR and TB Program services;

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*”;

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 maternal and child health, was devolved to the local

government units, this is specifically provided for under Section 17 of the LGC, thus the City of Bago is implementing programs and services that will ensure that people of Bago City are provided with appropriate and timely health services;

BE IT ENACTED by the Sangguniang Panlungsod of the City of Bago, that:

ARTICLE I

TITLE AND DECLARATION OF PRINCIPLES

Section 1. SHORT TITLE.

This ordinance shall be known and cited shortly as the “**MNCHN/CSR Ordinance of the City of Bago**”

Section 2. POLICY.

It shall be the policy of this LGU to ensure that basic commodities and services through the Commodity Self-Reliance (CSR) strategy are readily available, accessible, acceptable and affordable for everyone, particularly the poor/indigent population; this city government recognizes the need to protect the poor while ensuring availability of services for the non-poor;

Section 3. DEFINITION OF TERMS. For purposes of this Ordinance, the following terms and phrases are hereby defined:

MNCHN Strategy – refers to the Maternal, Neonatal and Child Health & 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 government units (LGUs) and other partners in achieving the maternal and neonatal mortality reduction goal.

Commodity Self-Reliance (CSR) – is a multi-sectoral effort which seeks to ensure the LGU’s self-sufficiency in services and commodities related to maternal and child care, TB and micronutrient supplementation at in its ability to sustain the provisions of affordable quality services to eliminate unmet needs in the context of increasing commodity use. It requires the capacity to forecast, finance, procure and deliver services to all who need them;

CSR commodities & services – refers to maternal, child health, TB and micronutrient supplies and services;

LGU/s – refer to the City Government and its Barangays;

Users - refer to the actual users of commodities and services;

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 commodities and services.

ARTICLE II

FINANCING OF THE PROGRAM

Section 1. FUNDING FOR CY 2010. For its initial requirement in CY 2010, the Program shall be funded from any the following sources:

- 1.1 Regular Budget of the City Health Office and the City Government** – The City Health Office shall review its regular budget for CY 2010 and identify existing appropriations which can be realigned for the purpose or must be included as a priority to be funded from the 20% Development Fund;

1.2 Grants, aids, donations and other forms of assistance from the Department of Health, National and Provincial Government and the private sector.

Section 2. FUNDING FOR SUBSEQUENT YEARS. The City Health Office shall integrate the Program as part of the regular services being delivered 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 during the preparation of the Annual Investment Plan (AIP).

The province shall likewise require the component LGUs which received the MNCHN grants to set up a Trust Fund under which shall automatically be appropriated for the program in the subsequent year.

Section 3. REPORTING – To ensure monitoring and proper management of the funds, the City Accounting Office shall prepare a Fund Utilization Report detailing actual expenses for personnel, supplies, training, and other related activities.

ARTICLE III PROGRAM MANAGEMENT

Section 1. CREATION AND COMPOSITION. There shall be created a MNCHN/CSR Program Committee, hereinafter referred to as “Committee”, which shall be composed of the following:

Chairman	-	City Mayor
Co-Chairman	-	City Health Officer
Members	-	SP Chairman, Committee on Health
		SP Chairman, Committee on Women & Family
		City Planning & Dev't. Officer
		City Treasurer
		City Budget Officer
		NGO Representative

Section 2. DUTIES AND FUNCTIONS. The Committee shall be the over-all policy making body relating to MNCHN and CSR management in the city and as such all population management related projects and activities, whether funded by the government or private sectors, shall pass through the Committee;

In addition, the Committee shall perform and exercise the following duties and responsibilities:

- Formulate and recommend to the Sanggunian a Comprehensive MNCHN/CSR Plan in consultation with the stakeholders and oversee its implementation;
- Undertake program monitoring and evaluation and provide a program feedback mechanism;
- Provide support in strengthening capacities for MNCHN/CSR service provision through the conduct of training courses and other capacity building activities
- Provide support in the conduct of activities related to MNCHN/CSR education and counseling of clients on safe motherhood;
- Perform such other duties and function as it may deem fit for the efficient and effective implementation of the program.

- Establish and maintain linkages with local, national or even international NGOs, donors and other institutions;

Section 3. MEETING AND QUORUM. The Committee shall meet at least once in every quarter or as often as necessary at an expressed call of the chairman or majority of the members of the Committee. Provided, that a notice shall be sent to the members at least twenty-four (24) hours before the meeting will be held. The Committee shall decide by a majority vote of all the members present during a meeting, with the existence of a quorum, on any matter before it.

Five (5) of its members present shall constitute a quorum. Corresponding budget for meetings shall be appropriate and be sourced from the MNCHN Grant Facility.

Section 4. PROGRAM SECRETARIAT . The City Health Office of Bago shall serve as Program Committee Secretariat to be headed by the City Health Officer.

The Secretariat shall provide technical and administrative support, consolidating and documenting proceedings, and manage overall implementation of the MNCHN/CSR plan and complementary actions, and providing for such other assistance as may be required by the Committee. Submit an annual report on all activities regarding the status of the program and its finances to the Mayor and to the Sangguniang Panlungsod and the Donor.

ARTICLE IV

PROCUREMENT AND DISTRIBUTION PROCEDURE AND PROGRAM BENEFICIARIES QUALIFICATIONS AND DISQUALIFICATIONS

Section 1. PROCUREMENT REQUIREMENT. In the procurement of commodities 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 City 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.

Section 3. PRIORITY BENEFICIARY FOR THE PROGRAM. The priority beneficiary of the Program shall be those women of reproductive age, covering the age of 15-49 years old, in the exercise of informed choice, who prefer to adopt family planning method; TB patients, children 0-71 months for Vitamin A and sectors belonging to the poorest of the poor. For this purpose, the Committee shall utilize the data in the Community Based Management System or other acceptable means- testing instruments. The Committee may employ such other means-testing instruments or procedures to ascertain the qualifications of the of the program applicant.

Section 4. DISTRIBUTION OF 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 City 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 City Health Office and the Provincial Health Office as a pre-requisite for subsequent issuance of commodities or corresponding funding commodities.

ARTICLE V

MISCELLANEOUS AND FINAL PROVISIONS

Section 1. REPEALING CLAUSE. All ordinances, resolutions and other issuances that are inconsistent with the provisions of this Ordinance are hereby amended, repealed or modified accordingly.

Section 2. SEPARABILITY CLAUSE. If, for any reason, any part or section of this Ordinance is declared invalid, no other part or sections of this Ordinance shall be affected thereby.

Section 3. IMPLEMENTING RULES AND REGULATIONS. The Committee shall, within a period of one month after the approval of this Ordinance, formulate the Implementing Rules and Regulations of this Ordinance, based on the approved CSR Province-wide work plan and the same shall take effect after proper dissemination and publication in the offices concerned and after posting at two (2) conspicuous places in the province/cities/municipalities.

Section 4. EFFECTIVITY CLAUSE. This Ordinance shall take effect immediately upon approval. Copies of this Ordinance shall be sent to the Mayor's Office, Provincial Health Office, Local Finance Committee, City Health Office, and all other members of the CSR Committee, for information, reference and appropriate action which shall be posted in a conspicuous places.

Enacted by the Sangguniang Panlungsod of the City of Bago in its 1493rd Regular Session assembled, December 9, 2009.

CARRIED BY THE VOTE OF:

Affirmative:

SP Members Ruben T. Torres, Bernadette M. Somcio, Romeo C. Obando, Federico A. Matti, Victor B. Javellana, Jobert D. Tagobader, Rosario F. Gaudite, Loreto N. Cauntoy, Eliseo T. Yanong, Jr.

Negative: N o n e .

CERTIFIED CORRECT:


SERAFIN Z. JARA

SP Member-Acting Presiding Officer

ATTESTED:


ATTY. BRIAN N. MARTIR
City Secretary (CGDH-I)

Approved this 18th day of Dec., 2009.

APPROVED:


RAMON D. TORRES
City Mayor