



Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY

October 30, 2014

ADMINISTRATIVE ORDER
No. 2014 - 0043

Subject: Guidelines on the Estimation of Unmet Need for Modern Family Planning

I. BACKGROUND

Section 8.02 of the Implementing Rules and Regulation of RA 10354, otherwise known as "The Responsible Parenthood and Reproductive Health Act of 2012," mandates DOH to develop a methodology to determine the number of women with unmet need for modern family planning, among others. Unmet need shall be used in identifying and prioritizing interventions to address gaps in accessing family planning services. Together with the estimated number of current users, it will be one of the bases in forecasting FP commodity requirements.

These guidelines shall provide the steps in determining current levels and projections of number of women with unmet need for modern family planning, which would be the basis of allocations for budget and FF supplies pursuant to the above-cited provision of the IRR.

II. OBJECTIVES

This Order shall provide the guidelines for estimating unmet need for modern FP which will be used for planning by the DOH and LGUs.

III. SCOPE AND COVERAGE

This Order shall apply to the DOH Central Office Units, DOH Regional Offices (DOHROs), local government units (LGUs) including ARMM, and the private sector.

IV. DEFINITION OF TERMS

A. Modern Contraceptive Prevalence Rate (mCPR) shall refer to the proportion of women from 15-49 years old who are currently using (or whose partner is using) any modern method of contraception or family planning, which includes: the pill; female and male sterilization; IUD; injectables; implants; condom; and, natural FP methods such as cervical mucus, basal body temperature method (BBT), symptothermal method, standard days method (SDM) and lactational amenorrhea method (LAM). The formula for computing mCPR is as follows:

$mCPR = (\text{Current Users of Modern FP} / \text{WRA}) \times 100\%$

B. Unmet Need for Modern Family Planning shall refer to the proportion of women who are fertile and sexually active but are not using any modern method of contraception, and report not wanting any more children or wanting to delay the birth of their next child. It is computed as follows:

$\text{Unmet Need Rate} = (\text{Number of Women with Unmet Need for Modern FP} / \text{WRA}) \times 100\%$

C. Eligible population shall refer to the segment of the population that require a certain type of service. In family planning, this is the segment of the population who are eligible to practice contraception or women of reproductive age (WRA).

D. Women of Reproductive Age (WRA) shall refer to women aged 15-49 years old, which include those who are (1) currently using any modern FP method, (2) with unmet need for modern FP, (3) want to get pregnant within two years or want their current pregnancy, (4) sexually inactive and (5) not fertile.

V. GENERAL GUIDELINES

A. The magnitude of women with unmet need for modern family planning shall be used in identifying interventions in priority population groups or localities for RH services.

B. Proportions of unmet need for and current users of modern FP shall be based on the latest National Demographic Health Survey (NDHS). Other surveys with rider questions on FP should follow the protocol and standard questions on family planning of the NDHS. The latest household surveys particularly the Census of Population and Housing shall be the bases for estimating population.

D. The DOH, as mandated by the IRR, shall procure, distribute to LGUs and monitor the usage of family planning supplies for the whole country. However, it shall prioritize the poor as identified by the National Housing Targeting System for Poverty Reduction (NHTS-PR) or other government procedures of identifying the marginalized. It will secure resource and budgetary requirements of NHTS-PR households taking into consideration resources from national government and partners or donors.

D. DOH shall procure commodities based on approved FP Program Methods and drugs and devices included in the Philippine National Drug Formulary (PNDF).

E. Distribution of FP commodities and supplies to service delivery points, Provincial Health Offices and DOH Regional Offices shall be based on projected utilization rate per quarter.

VI. SPECIFIC GUIDELINES

A. Estimating the number of women with unmet need for modern family planning shall follow these steps (See Annex A for sample computations):

1. Estimate population for a particular year using the latest projections from the Philippine Statistics Authority or by multiplying the population estimate with the average growth rate. The estimated population and corresponding growth rates per region, province or municipality shall be based on the latest Census of Population and Housing. For NHTS-PR poor households, use the roster to get the actual number and age of members in a household.

2. Compute for the number of WRA by multiplying total population with the proportion of WRA in the population. Regional proportions from the latest Census of Population and Housing shall be used to estimate number of WRA for provinces.

For NHTS—PR for poor households, use the actual number of WRA by getting the sum of women 15-49 years old from the roster.

3. Estimate the number of women with unmet need for modern family planning by multiplying the proportion of women with unmet need from the latest NDHS by the estimated number of WRA. Regional proportions of unmet need shall be used to estimate number of WRA with unmet need for provinces.

Since the number of women with unmet need for modern family planning cannot be extracted from NHTS-PR, multiply the number of WRA with the proportion of women with unmet need.

In areas where at least 90% of NHTS—PR poor households have been visited by community volunteers such as CHTs, the actual number of women with unmet need shall be determined from reports such as health use plans.

4. Estimate the number of women who are current users of modern family planning by multiplying the proportion of women who are current users of modern FP methods from the latest NDHS by the estimated WRA. Regional proportions of current users shall be used to estimate number of WRA who are current users for provinces.

Since the number of women who are current users of modern family planning cannot be extracted from NHTS-PR, multiply the number of WRA with the proportion of current users of modern FP.

In areas where at least 90% of NHTS-PR poor households have been visited by community volunteers such as CHTs, the actual number of current users shall be determined from reports such as health use plans.

B. Forecast commodity requirements for current users as well as for women with unmet need for modern family planning methods for the total population and for WRA from NHTS-PR households. The following steps shall be used in forecasting commodity requirements:

1. Determine ideal method mix by:

a. Distributing WRA with unmet need for modern FP across the different FP methods such as pills — combined oral contraceptives (COC) and progestin only contraceptives (POC), injectables, male condoms, IUD, subdermal implants, BTL, NSV and natural FP — basal body temperature method, cervical mucus method, symptothermal method, standard days method (SDM), lactation amenorrhea method (LAM). Preferences in a province, region or country may be based on data gathered by community health volunteers or community-level providers.

b. Distribute WRA who are current users of a modern FP method based on latest method mix derived from administrative data or those gathered by community health volunteers or from the NDHS. To support shifters, redistribute proportion of current users, except for BTL and NSV, across methods towards permanent or more effective methods.

c. Get average proportion for each method from those with unmet need and current users of modern FP.

2. Multiply the average proportion for each method by the total number of WRA with unmet need and current users to estimate the number users per FP method. BTL and NSV are not included in commodity forecasting but the estimated number of users would indicate requirements for training of health providers, infrastructure and equipment, as well as outreach services needed.

3. Compute for total number of units required for each method by multiplying the estimated number of users with the number of units required to protect a woman or couple from getting pregnant in one year. Note that the estimated number of units needed in one year has taken into consideration possible wastage during delivery, storage, distribution and dispensing. The following are the required number of units per year: pills — 15, injectables — 5, IUD - 3, subdermal implants — 3, condoms — 144, and NFP — 1.

4. Compute for total cost of FP commodities by multiplying unit cost of each commodity with the total number of units required. Unit cost can be based on the prevailing market price or procurement cost of the DOH.

VII. ROLES AND RESPONSIBILITIES

A. Women and Men's Health Development Division (formerly Family Health Office) shall:

1. Estimate the total number of WRA with unmet need and current users of modern FP from the projected population and the NHTS—PR poor households

2. Estimate commodity and budgetary requirements for NHTS-PR poor households and total

population and allocate budgetary ceilings for commodities per region, province/city and municipality

3. Review and update guidelines in estimating unmet need and current users, forecasting FP commodity requirements taking into consideration new technologies on family planning, parameters for planning, national priorities, unit cost per commodity, among others
4. Procure and allocate FP commodities to all Local Government Units, service delivery points (hospitals, RHUs, CHOs)
5. Inform DOH RO and LGUs of allocation to allow LGUs to plan for additional FP commodities needed in localities

B. Epidemiology Bureau (formerly National Epidemiology Center)

1. Determine and update parameters using latest data and inform DOH and LGUs on proportions needed to estimate unmet need and current users such as projected population, number of NHTS-PR poor households, unmet need, current users; and other parameters to forecast commodity requirements using the latest household surveys such as Census of Population and Housing, NDHS, among others
2. Revise or amend the Manual of Operations of the Field Health Services Information System (FHSIS), as needed, in compliance with this order
3. Coordinate with the PSA to ensure that necessary parameters to estimate unmet need and current users of modern family planning are available and consistent with this Order.

C. Health Policy Development and Planning Bureau (HPDPB) shall:

1. Review and incorporate methodology in estimating unmet need for modern FP into planning and budget guidelines or protocol
2. Validate, form and justify budget requirements

D. DOH Regional Offices shall:

1. Determine/estimate unmet need and current users for modern family planning as well as method mix per province and/or municipality in the region and use information to prioritize population groups, identify appropriate interventions to address gaps, allocate resources needed and monitor progress

2. Provide technical assistance to LGUs in estimating unmet need, forecasting commodity requirements and monitoring utilization
3. Consolidate progress in addressing gaps by monitoring the following: number of unmet need coming from reports of community health volunteers, current users coming from facility census, available FP services in facilities in the service delivery network
4. Report difference between ceiling and actual use of PP commodities of LGUs.
5. Monitor deliveries and usage of FP commodities.

E. LGUs shall:

1. Determine/estimate unmet need and current users for modern family planning per municipality in the province and use information to prioritize population groups, identify appropriate interventions to address gaps, allocate resources and monitor progress
2. Ensure availability of human resources, infrastructure and equipment, information materials to support implementation of interventions to address unmet need and maintain current users of modern family planning methods
3. Procure FP commodities particularly for those that cannot be covered by supplies coming from the DOH
4. Monitor the following to assess progress: number of number need coming from reports of community health volunteers, current users coming from facility census, available FP services in facilities in the service delivery network

F. Partners shall:

1. Assist DOH ROs and LGUs in identifying and implementing interventions to address unmet need and maintain current users for modern family planning
2. Coordinate donations of PP commodities with the DOH R0 and LGUs concerned

VIII. REPEALING CLAUSE

Provisions from previous issuances that are inconsistent or contrary to the provisions of this Order are hereby rescinded and/or modified accordingly.

IX. SEPARABILITY CLAUSE

In the event that any provision or part of this Order be declared unauthorized or rendered invalid by any court of law or competent authority, those provisions not affected by such declaration shall

remain valid and effective.

X. EFFECTIVITY

This Administrative Order shall take effect after fifteen (15) working days following its publication in a newspaper of national circulation and upon submission to the University of the Philippines Law Center.

ENRIQUE T. ONA, MD
Secretary of Health

	National Population	NHTS-PR
Population for 2015	101,186,137	29,842,300 (from NHTS-PR roster)
WRA (25.91% of population)	26,217,328	7,187,045 (from NHTS-PR roster)
WRA with Unmet Need for modern FP (22.5% of WRA)	5,898,899	1,617,085
WRA who are Current Users of modern FP (23.5% of WRA)	6,161,072	1,688,956

	Ideal Method Mix for those with Need	Method Mix for Current Users from NDHS	Ideal Method Mix for Current Users – Shifters	Ideal Method Mix (Average Proportions)
	a	b	c	d = (a + c)/2
Pills	32.00%	50.80%	30.00%	31.00%
Injectables	15.00%	9.80%	12.00%	13.50%
Condoms	5.00%	5.10%	4.00%	4.50%
Subdermal Implants	15.00%	0.00%	15.00%	15.00%
IUD	11.00%	9.30%	14.50%	12.75%
BTL	20.00%	22.60%	22.60%	21.30%
NSV	0.30%	0.30%	0.50%	0.40%
Natural FP		0.00%		
Basal Body Temperature	0.10%	0.10%	0.10%	0.10%
Cervical Mucus	0.10%	0.20%	0.10%	0.10%
Symptothermal	0.10%	0.20%	0.10%	0.10%
SDM	0.10%	0.30%	0.10%	0.10%
LAM	1.30%	1.30%	1.00%	1.15%
Total	100.00%	100.00%	100.00%	100.00%

FP Methods	Method Mix (Average Proportions)	Potential Users for Each Method - Total Population	Potential Users for Each Method - NHTS
		12,059,971	3,306,041
	$d = (a + c)/2$	$e = d * \text{Total Population}$	$f = d * \text{NHTS}$
Pills	31.00%	3,738,591	1,024,873
Injectables	13.50%	1,628,096	446,315
Condoms	4.50%	542,699	148,772
Subdermal Implants	15.00%	1,808,996	495,906
IUD	12.75%	1,537,646	421,520
BTL	21.30%	2,568,774	704,187
NSV	0.40%	48,240	13,224
Natural FP	0.00%	0	0
Basal Body Temperature	0.10%	12,060	3,306
Cervical Mucus	0.10%	12,060	3,306
Symptothermal	0.10%	12,060	3,306
SDM	0.10%	12,060	3,306
LAM	1.15%	138,690	38,019
	100.00%	12,059,971	3,306,041

	Number of Units Needed in One Year to Protect a Woman/Couple from Getting Pregnant	units	Total Number of Units -Total Population	Total Number of Units Needed - NHTS
	g		$h = g * e$	$i = g * f$
Pills	15	cycles	56,078,865	15,373,089
Injectables	5	vials	8,140,480	2,231,577
Condoms	144	pcs	78,148,611	21,423,144
Subdermal Implants	3	pcs	5,426,987	1,487,718
IUD	3	pcs	4,612,939	1,264,561
BTL				
NSV				
Natural FP				
Basal Body Temperature	1	thermometer	12,060	3,306
Cervical Mucus	1	chart	12,060	3,306
Symptothermal	1	thermometer & chart	12,060	3,306
SDM	1	chart	12,060	3,306
LAM				

	Unit cost (Php)	Cost of Commodities (Php) - Total Population	Cost of Commodities (Php) - NHTS
	j	$k = j * h$	$l = j * i$
Pills	25	1,401,971,618	384,327,231
Injectables	80	651,238,429	178,526,198
Condoms	5	390,743,057	107,115,719
Subdermal Implants	300	1,628,096,072	446,315,495
IUD	120	553,552,665	151,747,268
BTL			
NSV			
Natural FP			

	Unit cost (Php)	Cost of Commodities (Php) - Total Population	Cost of Commodities (Php) - NHTS
	j	$k = j * h$	$l = j * i$
Pills	25	1,401,971,618	384,327,231
Injectables	80	651,238,429	178,526,198
Condoms	5	390,743,057	107,115,719
Subdermal Implants	300	1,628,096,072	446,315,495
IUD	120	553,552,665	151,747,268
BTL			
NSV			
Natural FP			
Basal Body Temperature	50	602,999	165,302
Cervical Mucus	5	60,300	16,530
Symptothermal	55	663,298	181,832
SDM	100	1,205,997	330,604
LAM			
Total (Php)		4,628,134,435	1,268,726,179